



CITY OF MANCHESTER

REPORT

on the

HEALTH

of the

CITY

of

MANCHESTER

for 1968

by the

MEDICAL OFFICER OF HEALTH

Health Department,

Town Hall,

Manchester M60 2JS.

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Town Hall after cleaning.



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Health Department,
Town Hall,
Manchester, 2.
June, 1969

MY LORD MAYOR, ALDERMEN
AND MEMBERS OF THE CITY COUNCIL,

I have pleasure in presenting my report on the health of the City for 1968.

The year marked the centenary of the appointment of the first Medical Officer of Health to the City of Manchester. In the hundred years that have elapsed, the City has seen a tremendous improvement in the pattern of health and disease, and to this the first Medical Officer of Health and his successors have contributed in no small measure. The emphasis indeed has changed from the control of infectious disease and improvement of the environment to the epidemiology of morbidity and development of community welfare, but the local health authority still plays—as it has always done—a vital role in protecting the health of the people.

Due mainly to financial restrictions, the Health Department in 1968 consolidated its activities to ensure maximum efficiency and to lay the basis of further developments. Scrutiny of the department's work has been rewarding, and the effect of this should be seen in the future.

KENNEDY CAMPBELL,
Medical Officer of Health.

Population

The Registrar General estimates the civilian population for mid-1968 at 602,790, a decrease of 13,730 on 1967. This compares with a census figure of 661,791 taken in April, 1961.

Marriages

The number of marriages registered during the year was 5,464 compared with 5,454 the previous year. The marriage rate was 18.13 as against 17.69.

Births

Registered live births numbered 10,736 (5,497 males, 5,239 females), giving a rate of 17.81 per 1,000 population compared with 18.34 in 1967, a decrease of 0.53. The rate for England and Wales was 16.9, a decrease of 0.3 on the previous year.

Of the 10,736 births, 8,866 (4,543 males, 4,323 females) were legitimate and 1,870 (954 males, 916 females) were illegitimate. The percentage of illegitimate births continued to rise, being 17.42 against 16.48 in 1967, an increase of 0.94.

There were 173 stillbirths (79 males, 94 females), a decrease of 53 on the previous year's figures, giving a rate of 15.86 per 1,000 total births, the lowest ever recorded in the City. This was 3.74 lower than that for 1967 and 2.41 lower than 1966, which was the previous lowest rate. The rate for England and Wales was 14.3, a decrease of 0.4.

The percentage of total registered births taking place in institutions was 80.92.

Deaths

The number of deaths registered during the year was 7,646 (3,901 males, 3,745 females), the lowest number ever recorded, giving a death rate of 12.68 per 1,000 of the population, as compared with 12.57 for 1967 and an average of 12.48 for the previous five years. The rate for England and Wales for 1968 was 11.9, an increase of 0.7.

Deaths from all forms of tuberculosis numbered 43, one less than in 1967. Respiratory tuberculosis accounted for 36 deaths, compared with 42 in 1967. The death rate from respiratory tuberculosis was 0.06 per 1,000 population compared with 0.03 for England and Wales. Other forms of tuberculosis were responsible for seven deaths, compared with two in 1967.

Deaths from all forms of cancer were 1,612, compared with 1,604 in the previous year. Deaths from cancer of the lung and bronchus decreased by 20 to 491 (414 males, 77 females), against 511 (407 males, 104 females) in 1967. The death rate from all forms of cancer was 2.67 per 1,000 population (2.60 in 1967) and that from cancer of the lung and bronchus 0.81 (0.83 in 1967), compared with 2.32 and 0.59 respectively for the whole of the country.

Deaths from bronchitis fell to 580, a rate of 0.96 per 1,000 population, compared with 638 deaths (1.03 per 1,000 population) in 1967 and 684 deaths (1.09 per 1,000 population) in 1966.

Infant mortality

Deaths of infants under one year of age registered during the year numbered 83, 25 more than 1966, giving an infant mortality rate of 26.36 per 1,000 live births, an increase of 3.54, compared with 1967 which was the lowest ever recorded in the City. The rate for England and Wales for 1968 was 18.0, the lowest rate ever recorded in the country.

The number of neonatal deaths was 173, giving a rate of 16.11 per 1,000 live births. The figures for 1967 in Manchester were 162 and 14.33, the lowest ever recorded, compared with 198 and 16.52 in 1966. The rate for England and Wales for 1968 was 12.4 a decrease of 0.1 on 1967. Early neonatal deaths increased to 153, against 149 the previous year and 160 in 1966, a rate of 14.25 per 1,000 live births, compared with 13.18 in 1967 and 13.35 in 1966.

Post-neonatal deaths increased to 110, compared with 96 in 1967 and 108 in 1966, the rates per 1,000 live births being 10.25, 8.49 and 9.01 respectively.

Perinatal deaths numbered 326, giving a rate of 29.88 per 1,000 total births (live and still), the lowest ever recorded, compared with 375 and 32.52 in 1967.

Maternal mortality

There were no deaths from maternal causes, compared with one death and a rate of 0.09 per total 1,000 births for 1967 and four deaths and a rate of 0.47 in 1966. The rate for England and Wales for 1968 was 0.24 per 1,000 total births.

Infectious disease

There were no cases during the year of diphtheria, smallpox, poliomyelitis or acute encephalitis, and this represents a most satisfactory state of affairs.

There were 18 cases of typhoid fever, 14 of which occurred in one outbreak; the 14 cases concerned were limited to the original case and the immediate direct contacts. The effect of containment of this outbreak within a limited circle reflected great credit on the staff of the department, because it could have proved to be a dangerous threat to the health of the City. The four other cases of typhoid fever occurred in isolated individuals, and at least two cases were connected with travelling abroad. It will be observed that typhoid fever could once again become a dangerous illness within the country, and great care will have to be taken to ensure that it is kept under control.

The number of notified cases of whooping cough decreased, and while this could be due in part to a seasonal fluctuation, some credit must be given to the efficacy of pertussis vaccine.

The number of notified cases of measles decreased, but the number of cases of rubella increased. Again, some credit must be given to the measles vaccine in reducing the total number of cases.

Notifications of infectious jaundice increased during the year, and an investigation into the epidemiology of this disease has been carried out within the department.

The number of cases of dysentery increased, and while it is not normally a fatal disease, it can be a most inconvenient illness. A poor standard of hygiene may be at least partially to blame, and measures are being taken by the department, wherever possible, to improve the standard of food hygiene.

Immunisation and vaccination

The Corporation's computer was used throughout the year to arrange appointments for children to receive immunisation procedures and to maintain records of such procedures as they are carried out.

An increase in the numbers of children immunised during the early months of life appeared to result from the use of the computer, and further procedures are being placed on the computer as the necessity arises. The figures for vaccination and immunisation within the City are still on the low side and an effort is being made to improve matters during the coming year.

Meteorology

The yearly figures provided by the Meteorological Office in Manchester showed a wetter year than 1967, but with less rain than 1966. The mean temperature was similar to the previous year.

The month of January was the wettest and dullest for many years.

Following an average spring the only two spells of real summer weather were 28th May to 4th June and the 8th June to 15th June, though August had above average sunshine.

The first two days of July produced three inches of the July total of 3.84 inches of rain.

The Autumn was the wettest this century, with the wettest September since 1918 and on the 20th September over two inches of rain fell.

Day nurseries

Winstanley Road Day Nursery at Miles Platting and Mount Road Day Nursery at Gorton came into operation, replacing prefabricated buildings with modern purpose-built buildings. They made a welcome addition to the facilities available to mothers. With the completion of the day nursery at Poundswick Lane, Wythenshawe, all the wartime, temporary, prefabricated buildings will have been replaced by new buildings.

Nurseries and Child-Minders Regulation Act 1948

This Act was amended by section 60 of the Health Service and Public Health Act, 1968, with the effect that the former powers of the local health authorities were extended and certain penalties under the original Act were increased. The new Act has brought many more day-minders within the provisions of the local health authority, and a great deal of work is necessary in order to ensure that the criteria for registration is satisfactory in all cases. Since premises in which have been registered have to be supervised at intervals to ensure that their original registration is in order, a large amount of time has to be set aside by the staff to carry out this work.

Cervical cytology

During 1968 a drive to increase the number of specimens was undertaken in the City, with encouraging results. A large number of industrial premises and shops were visited and an opportunity was given to their female staffs to have this test carried out. The scheme will be continued in 1969, with the possibility of extension to residential areas of the City.

Domiciliary midwifery

The role of the domiciliary midwife has changed, in consequence of the declining number of domiciliary confinements, together with the high level of early discharges of maternity patients from hospital. In addition, there has been increased activity in other spheres—e.g., family planning, and the early ascertainment of inborn disease of children. An appraisal of the role of the domiciliary midwife will have to be made in the near future if these trends continue.

Artificial dialysis

In 1968 the City Council agreed to co-operate with the hospital service in the adaptation of patients' homes to facilitate the installation of artificial kidney machines. A great deal of preparatory work was carried out and subsequently one home was adapted for this purpose.

Family planning

A further expansion of the family planning service took place and patients are offered a full range of contraceptive methods at these clinics. The medical staff serving the clinics are fully trained in contraceptive techniques and the patients can receive advice on subfertility and infertility if this is necessary.

Liaison with hospitals and general medical practitioners

Wherever possible, efforts have been made by the Health Department to extend liaison with the hospitals and general practitioners. In view of the possible re-organisation of the National Health Service, liaison between the three services has assumed great importance, and it is obvious that the local health authority has a key function in promoting co-operation within the service. Where possible, secondment of local authority staff to general practitioners has been made and health visitors have been appointed liaison officers in selected hospitals.

Night nursing service

This service was extended to all parts of the city from April 1968 and has proved most valuable, especially in terminal cases of illness.

Amalgamation of health visiting and school nursing staffs

The introduction of the combined health visiting and school nursing service was delayed somewhat at the inception of the scheme by staff retirements, but this difficulty has now been almost completely overcome, and the initial teething troubles have been gradually ironed out. Experience gained during the year will be most valuable in the future development of the service.

Mental health service

Work was completed on the new 200-place Wythenshawe Training Centre for mentally-subnormal adults and the first intake of 90 trainees was received at the end of the year. The day centre for the mentally ill has been reorganised on a therapeutic basis, with the patients taking an active part in the arranging of the activities, thus becoming fully involved in the working of the centre. This development has been proved to be successful and consideration is being given to the extension of the principle. The main difficulty throughout the year was a shortage of field staff: mental welfare officer posts were considerably below strength and it was not possible to secure qualified or experienced replacements. In view of the fact that there is a nation-wide shortage of such officers, a scheme of recruitment and in-service training is being devised, which it is hoped will give a better basis for the future development of the service.

Liaison with immigrant communities

During the year, the City Council was concerned that the closest liaison should exist between the immigrant communities and the officers of the Corporation. With this end in view, they agreed to the appointment of a social worker for immigrants and a health visitor with special responsibility for immigrants' problems, within the Health Department. The main difficulty was found in recruiting persons with the necessary experience, but ultimately appointments

were made and work was commenced. Both the social worker and the health visitor will work in the closest relationship with the Manchester Council for Community Relations, and it is expected that there will be a very free exchange of information between the various social workers concerned.

Commonwealth Immigrants Act 1968

The introduction of this Act meant that an additional burden was placed on the staff of the Health Department to ensure that immigrants passing through Manchester Airport were examined and cleared. There is a considerable amount of work involved and, as the aircraft flights are sporadic and often unheralded, it is extremely difficult to arrange for an administrative scheme which satisfies everyone. Once again, experience during the year has been most helpful in planning for the future.

Housing

Since 1951—when the clearance of areas of unfit houses was resumed—the yearly average of the number of unfit houses officially represented for clearance has been 2,678. In 1968 this rose to 3,682, but 23,100 houses remained to be dealt with, and for this purpose detailed inspections continued. Throughout the period from 1951 to 1968 the total number of unfit houses demolished has been 37,345, including 4,102 during 1968. The demolition is pending of 7,716 in confirmed areas, together with the demolition of 13,774 in areas which have been represented. As a preliminary to a planned approach for the improvement of suitable houses by repair and provision of the basic necessities, an appraisal of the entire privately-owned housing stock of the City proceeds.

Offices, Shops and Railway Premises Act 1963

Inspections of premises now total 6,000 but a substantial number remain to be inspected. This is a process which will have to be exercised over a period of years, as and when staff become available.

Clean air

The Blackley Smoke Control Order, dealing with 6,513 premises, was finally approved for submission to the Minister of Housing and Local Government. The Burnage Smoke Control Order became operative—bringing another 5,985 premises and 610 acres into smokeless operation. Pending the anticipated confirmation of the Blackley Smoke Control Order by the Minister, approximately 22 square miles (51 % of the total area of the City) and more than 80,000 premises (35 % of the total) are subject to operative Smoke Control Orders. The ultimate value of this clean air policy to the City is effectively demonstrated by the 78 % reduction of smoke in the Wythenshawe area since smoke control was first introduced to that district in 1960. Progress will be made over the coming years in the establishment of further smoke control areas, and ultimately the objective of a completely smoke-free City will be achieved.

Food hygiene

The number of notified and otherwise ascertained cases of food-poisoning was 239, compared with 192 in the previous year. The causative organisms were identified in 182 cases: in one outbreak, involving 87 cases, the infecting organism was *Clostridium welchii*, and the remainder of cases were due to various types of *Salmonella*—usually *typhimurium*. In the enforcement of the requirements of the Food Hygiene Regulations, prosecutions were necessary to deal with contraventions at three catering businesses; two street traders were prosecuted for offences under the Regulations.

Health Committee

CHAIRMAN—Alderman P. Buckley, M.B., B.Ch., B.A.O.

DEPUTY CHAIRMAN—Councillor N. Coe.

THE LORD MAYOR—Alderman Harold Stockdale, J.P.

Alderman	Mrs. Nellie Beer, O.B.E., J.P.	Councillor	G. H. Gilbertson (from 22-5-68)
„	W. Chadwick, M.B., Ch.B. (to 2-10-68)	„	T. O. Hamnett
„	H. Pigott, M.B., Ch.B.	„	W. Higgins (to 9-5-68)
„	Miss Lily Thomas, J.P.	„	Mrs. J. D. W. Hill (from 6-11-68)
„	Sir Robert E. Thomas, D.L., J.P.	„	F. W. Lever (from 22-5-68)
Councillor	Mrs. Sonia D. Alexander	„	D. G. Massey, T.D.
„	K. Collis	„	T. Mountford
„	G. Conquest (to 9-5-68)	„	Miss Muriel Pierce
„	B. J. Cox (to 24-5-68)	„	Mrs. S. V. Shaw (from 2-10-68)
„	A. Deacy (to 6-11-68)	„	B. H. Taylor
„	J. Dean	„	J. Taylor, J.P., M.B., Ch.B.
„	E. Donoghue	„	A. G. Thornhill (from 22-5-68)
„	M. Flynn (from 22-5-68)	„	A. Williamson, M.B.E. (to 24-5-68)
„	J. Gilmore		

Sub-Committees

The following sub-committees are appointed to carry out certain of the duties referred to the Health Committee. The proceedings are subject to approval by the Health Committee.

Sanitary

Sanitation and buildings; nuisances and offensive trades; common lodging houses and houses let in lodgings; houses in multiple occupation; offices, shops and railway premises; animal boarding establishments; riding establishments; factories and workplaces; provisions regarding food and drugs and the inspection of meat; poisons and pharmacy; the provision of public conveniences; the granting of certificates of disrepair and reports to owners under the Rent Act, 1957; applications for grants for improvements to or conversions of houses; the Rag Flock and other Filling Materials Act, 1951; the Shops Act, 1950; and the Young Persons (Employment) Act, 1958; the abatement of smoke nuisances and atmospheric pollution; hairdressers' registration; persons trading in food on open sites; and all questions relating to the management and administration of the Sanitary Section with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Maternity and Child Welfare

Maternity and child welfare including all the duties included in the proposals of the Council under the National Health Service Acts, relating to midwifery—health visiting; care of mothers and young children; (excepting the portion relating to the management of Knowle House); home nursing; prevention of illness, care and after-care; domestic helps; the cleansing of persons infested with vermin; the control and management of day nurseries; and the administration of the Maternity and Child Welfare Section with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Mental Health

All questions arising out of the powers and duties of the Council under the National Health Service Acts and the Mental Health Act, 1959, relating to mental health with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Residential Homes

The control and management of Dr. Garrett Memorial Home, Knowle House, Langho Colony, Ashton House and Walton House, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants and the purchase of bulk supplies.

Staff

Kennedy Campbell, M.A., M.D., LL.B., D.P.H., L.M.	Medical Officer of Health and Principal School Medical Officer
A. J. Essex-Cater, M.R.C.S., L.R.C.P., D.C.H., D.P.H., D.I.H., F.R.A.I.	Deputy Medical Officer of Health and Deputy Principal School Medical Officer
A. Butterworth, M.B., B.S., D.P.H., D.I.H.	Administrative Medical Officer—General Services and Mental Health Service Divisions
Muriel Coates, M.B., Ch.B., D.M.R.T., D.P.H.	Deputy Administrative Medical Officer—General Services Division
Anna Elizabeth Jones, M.B., B.Ch., B.A.O., D.G.O., D.P.H., L.M.	Administrative Medical Officer—Nursing Services Division
Jill Roland, M.R.C.S., L.R.C.P.	Deputy Administrative Medical Officer—Nursing Services Division
F. C. Leach, M.B., Ch.B.	Medical Officer-Immunization and Vaccination (deceased 12th September, 1968)
E. Howard Kitching, M.D., M.R.C.P., M.R.C.S., D.P.M.	Consultant Psychiatrist (deceased 4th October, 1968)
T. E. Grant, B.A. (econ. and social studies), L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.M.	Consultant Psychiatrist—Family Welfare Service
W. Robinson, M.C., M.D., M.R.C.P. . .	Consultant Chest Physician
J. Graham, O.B.E., F.A.P.H.I., F.R.S.H.	Chief Public Health Inspector
J. B. Aldred, M.A., M.Chem.A., F.R.I.C.	Public Analyst
F. P. Lawton, M.R.C.V.S., D.V.S.M. . .	Chief Veterinary Officer
Muriel Jane Brayshay, M.B., Ch.B. . . Mairin Buckley, M.B., B.Ch., B.A.O., L.M. Elsie Margaret Dakin, M.B., Ch.B. . . Annie Margaret Dawson, B.Sc., M.B., Ch.B., D.C.H., D.Obst., R.C.O.G. . . Mehtar Qamrul Hasan, M.B., B.S., D.T.M. & H., M.R.C.O.G. Rosaline Howat, M.B., Ch.B. Margaret Longden Marsland, M.R.C.S., L.R.C.P. Gwen Ellis Owen, M.B., Ch.B. Ram Labhaya Tandan, M.B., B.S. . . . Stella Yeomans, M.R.C.S., L.R.C.P. . .	Departmental Medical Officers
Miss M. C. Hampson, S.R.N., S.C.M., H.V. certificate	
Miss E. France, S.R.N., S.C.M., M.T. diploma	

Miss M. Thistlethwaite, M.B.E., S.R.N., S.C.M., Q.N., H.V. certificate	Superintendent of Home Nursing Service
Miss A. M. Clarke, B.A. (com.), diploma in social study	Organizer of Home Help Service
Mrs. B. M. Thornley, S.R.N., S.R.F.N., hospital certificate for tuberculosis	Supervisory Matron and Tutor, Day Nurseries
C. W. Wilkinson	Chief Administrative Assistant— General Services Division (de- ceased 1st July, 1968)
D. Gregory, B.A. (admin.), A.C.I.S. ..	Chief Administrative Assistant— General Services Division (from 4th September, 1968)
N. J. Moulton, A.M. inst.T.	Chief Administrative Assistant— Nursing Services Division
T. Simpson, B.A. (admin.)	Chief Administrative Assistant— Mental Health Services Division
F. R. Huxley	Ambulance Officer

Langho Colony

G. A. Thompson, M.R.C.S., L.R.C.P. ..	Medical Superintendent
Henry W. Hayward, S.R.N., R.M.N., B.T.A.	Principal Nursing Officer
S. A. C. Bunn, F.C.C.S., A.H.A.	Secretary

Dr. Garrett Memorial Home

H. Fisher	Secretary
Miss J. Maguire, R.S.C.N., S.R.N., S.C.M.	Matron

Knowle House (Mother and Baby Home)

Miss Margaret P. Buckley, S.R.N., S.C.M.	Matron
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Ashton House (Women's Hostel)

Miss H. G. Frost	Manageress
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Walton House (Men's Hostel)

H. Irving	Manager
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Number of staff employed in the Health Department in December, 1968

Types of staff	Numbers employed		
	Full-time	Part-time	Totals full-time and part-time
Administrative medical officers	6	—	6
Clinical medical officers	10	19	29
Analytical chemists and laboratory assistants.. .. .	10	—	10
Veterinary officers	3	—	3
Nursing:—			
Health visitors, school nurses, clinic nurses, etc.	157	30	187
Home nursing	104	33	137
Midwifery	58	5	63
Day nurseries	231	2	233
Residential homes	105	1	106
Others	16	—	16
Physiotherapists	1	1	2
Chiropodists	5	—	5
Group therapists	1	—	1
Children's wardens	3	—	3
Social workers	27	—	27
Residential hostel wardens and assistants	14	—	14
Training centre supervisors and assistants	40	—	40
Craft instructors	30	—	30
Public health inspectors	71	—	71
Student public health inspectors	19	—	19
Technical assistants (smoke, housing, houses in multiple occupation and shops)	31	—	31
Meat and food inspectors	17	—	17
Trainee meat and food inspectors	2	—	2
Administrative and clerical	182	26	208
Ambulance operational control and supervision	26	—	26
Storekeepers and assistants	6	—	6
Supervisors—public conveniences	2	—	2
Operational manual workers, etc.:—			
Home helps	161	349	510
Ambulance, transport and disinfection	193	3	196
Domestic staff in residential homes	90	7	97
Public conveniences service	80	17	97
Domestic staff in municipal hostels	52	—	52
Domestic staff in day nurseries	36	42	78
Child welfare centre cleaners	27	17	44
Rodent operatives	12	—	12
Bath attendants—home nursing service	9	3	12
Others	36	107	143
Totals	1,873	662	2,535

NOTE:—Three full-time and one part-time district midwives of the St. Mary's Hospital Extern Service are employed on an agency basis, and are not included above.

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- Coates, Muriel Dissertation for membership of the College of
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ideal for which we should aim?"
- McRae, Miss M. E. Book Review:—"0-5 A Report on the Care of
(Deputy Supervisory Matron, the Pre-School Children" by Simon Yudkin,
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- Coupe, W. Articles:—"Accidents and the Act". Municipal
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Municipal Engineering, 20th September, 1968.
- Husbands, V. (Deputy Article: "The Examination of Toys for Cellu-
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General Services Division

General Statistics

Population:—

Registrar General's estimated population mid-year, 1968

		Males	289,942				
		Females	312,848	..	..	..	602,790
Census population, 1961	..	Males	318,528				
		Females	343,263	..	..	..	661,791

Deaths:—

Number of deaths	..	..	..	Males	3,901			
				Females	3,745	..	..	7,646
Death rate per 1,000 of population				Males	13.45			
				Females	11.97	..	..	12.68
Comparability factor	..	..	..	..	..	..	..	1.08
Death rate as adjusted by factor	..	..	..	..	..	..	..	13.69
Percentage of mortality occurring in institutions	..	..	..	..	..	..	..	53.03

Births:—

		Males	Females	Totals			
Live births	Legitimate	4,543	4,323	8,866	..	..	10,736
	Illegitimate	954	916	1,870			
Live birth rate per 1,000 of population		..	..	..	..	..	17.81
Comparability factor	..	..	..	..	..	..	1.05
Birth rate as adjusted by factor	..	..	..	..	..	..	18.70
Illegitimate live births per cent. of total live births	..	..	..	..	..	..	17.42

		Males	Females	Totals			
Stillbirths	Legitimate	68	71	139	..	..	173
	Illegitimate	11	23	34			
Total live and stillbirths	..	..	..	..	..	..	10,909
Stillbirth rate per 1,000 total births (live and still)	..	..	..	..	..	..	15.86

Infant mortality:—

Deaths of all infants under one year	..	..	..	..	..	..	283
Rate per 1,000 total live births	..	..	..	..	..	..	26.36
Deaths of legitimate infants under one year	..	..	..	..	..	..	239
Rate per 1,000 legitimate live births	..	..	..	..	..	..	26.96
Deaths of illegitimate infants under one year	..	..	..	..	..	..	44
Rate per 1,000 illegitimate live births	..	..	..	..	..	..	23.53

Neonatal mortality:—

Deaths of infants under four weeks	..	..	..	..	..	..	..	173
Rate per 1,000 total live births	..	..	..	..	..	..	..	16.11

Early neonatal mortality:—

Deaths of infants under one week	..	..	..	..	..	..	..	153
Rate per 1,000 total live births	..	..	..	..	..	..	..	14.25

Post-neonatal mortality:—

Deaths of infants over four weeks and under one year	..	..	..	110
Rate per 1,000 total live births	..	..	..	10·25

Perinatal mortality:—

Stillbirths and deaths of infants under one week	..	..	..	..	326
Rate per 1,000 total births (live and still)	..	..	..	..	29.88

Maternal mortality:—

							Deaths	Rate per 1,000 total births	
Abortion .. .. .	..	..	..	..	..	..	Nil	—	
Other maternal causes .. .. .	..	..	..	..	..	..	Nil	—	Nil

[illegible]

General

Number of persons married per 1,000 of population	18·13
Area of the City in acres	27,255
Number of persons per acre	22·12
Number of occupied structurally separate dwellings (Census 1961) ..	205,006
Persons per occupied structurally separate dwelling (Census 1961) ..	3·23
Number of houses according to Rate Book (1st April, 1968)	190,232
Persons per house	3·17
Rateable value (1st April, 1968)	£28,321,818
Sum represented by a penny rate (estimated)	£112,300

Number of new houses erected during 1968:—

By local authority	2,347	
By other agencies or persons	391	2,738

Meteorology

The following summary of the weather in Manchester during the year has been provided by the meteorological officer in charge of the Manchester Weather Centre:—

Winter

(December, January, February)

A drier than average winter though January was the wettest and duller for many years. A period of strong winds in mid-January produced a gust of 91 m.p.h. on the 15th. A cold sunny February, with no rain measured after the 18th, helped to restore the balance.

Spring

(March, April, May)

Wet, with average temperatures and sunshine, though April had a dry sunny spell from 6th to 14th.

Summer

(June, July, August)

An average summer with only two spells of real summer weather, both early, 28th May to 4th June and 8th June to 15th June, though August had above average sunshine. The first two days in July produced over three inches of the July total of 3.84 inches of rain, with violent thunderstorms and hail. "Coloured" rain and hail fell, due to sand being carried in the upper atmosphere from North Africa. From 17th July to 2nd August no rain at all was recorded.

Autumn

(September, October, November)

The wettest Autumn this century, but warmer than normal. September was the wettest since 1918 with over two inches of rain on 20th. October had 150 per cent of average rainfall and only 50 per cent of average sunshine.

Year

Wetter than 1967, but with less rain than 1966. Duller than 1967 though with similar mean temperature.

Warmest day	.. ..	27.1°C (80.8°F) on 30th June.
Coldest night	.. ..	– 4.5°C (23.9°F) on 10th January.
Wettest day	.. ..	2.01 inches on 20th September.
Sunniest day	.. ..	15.7 hours on both 13th and 14th July.
Highest gust	.. ..	91 m.p.h. on 15th January.

The figures in the following table have been received from the Meteorological Office weather centre in Manchester.

Extracts from readings taken at the City weather centre, Royal Exchange, Manchester 2.													Extracts from readings taken at Manchester Airport				
Month		Mean maximum temperature (°Centigrade)		Mean minimum temperature (°Centigrade)		Mean temperature (°Centigrade)		Total rainfall (inches)		Total number of wet days		Total hours of sunshine		Number of days on which fog was noted at 09.00 G.M.T.			
January	..	7.1	3.4	5.3	4.27	17	24.80	3	4.5	3.43	13	28.52	3	Number of days on which fog was noted at 09.00 G.M.T.			
February	..	5.5	1.0	3.3	1.81	8	69.60	5	1.9	1.57	6	83.81	4				
March	..	9.8	4.1	6.9	3.25	13	86.80	3	6.2	2.32	12	96.70	—				
April	..	13.1	5.7	9.4	2.00	8	174.00	—	8.9	1.80	7	189.00	—				
May	..	14.0	7.4	10.7	3.73	15	126.20	—	9.8	2.96	14	147.56	—				
June	..	19.6	12.2	15.9	3.56	13	174.00	—	15.1	2.65	12	189.00	—				
July	..	18.8	12.6	15.7	3.84	7	106.33	—	14.9	3.65	11	124.31	—				
August	..	19.5	13.2	16.3	1.63	8	158.10	—	15.7	2.07	9	165.50	—				
September	..	17.2	12.0	14.6	7.56	16	93.90	—	14.0	4.84	16	106.80	—				
October	..	15.4	11.3	13.3	5.16	13	46.50	3	12.7	3.51	12	63.90	1				
November	..	9.3	5.7	7.5	2.38	9	41.10	2	6.6	2.08	9	55.20	2				
December	..	6.0	2.7	4.3	0.88	7	37.50	3	3.1	1.16	7	41.20	2				
Totals		..	..	..	40.07	134	1138.83	19	..	32.04	128	1291.50	12		

Vital Statistics

CAUSES OF DEATH	Sex	Total all Ages	Age group										75 and over	
			Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	25—	35—	45—	55—	65—		
Enteritis and other diarrhoeal diseases	M	6	—	5	—	—	—	—	—	—	1	—	—	—
Tuberculosis of respiratory system	F	7	1	5	—	—	—	—	—	—	—	—	—	—
Other tuberculosis, incl. late effects	M	30	—	—	—	—	—	—	1	2	4	12	5	7
Meningococcal infection ..	F	6	—	—	—	—	—	1	—	—	—	—	—	1
Measles	M	4	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis and its sequelae ..	F	3	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	M	1	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—stomach	F	1	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—lung, bronchus	M	6	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—breast	F	13	—	1	—	—	—	1	—	—	—	—	2	2
Malignant Neoplasm—uterus	M	92	—	—	—	—	—	—	1	3	7	32	4	15
Leukaemia	F	101	—	—	—	—	—	—	—	—	5	21	31	43
Other malignant neoplasms, etc.	M	414	—	—	—	—	—	—	—	9	46	148	156	55
Benign and unspecified neoplasms	F	77	—	—	—	—	—	—	—	2	5	24	27	18
Diabetes Mellitus	M	1	—	—	—	—	—	—	—	—	—	—	—	—
Avitaminoses, etc.	F	125	—	—	—	—	—	—	1	4	19	42	31	28
Other endocrine etc. diseases	M	44	—	—	—	—	—	—	—	6	9	9	13	7
Anaemias	F	18	—	—	—	—	—	—	—	—	—	4	8	5
	M	18	—	—	—	—	—	1	—	—	—	2	2	6
	F	349	—	—	—	—	—	3	—	10	42	77	110	101
	M	345	—	—	—	—	—	3	3	13	38	71	98	118
	F	15	—	—	—	—	—	—	2	—	4	2	5	1
	M	13	—	—	—	—	—	—	—	—	4	4	3	1
	F	17	—	—	—	—	—	—	—	1	4	4	6	4
	M	37	—	—	—	—	—	2	—	3	—	4	14	12
	F	1	—	—	—	—	—	—	—	—	1	—	—	—
	M	1	—	—	—	—	—	—	—	—	—	—	—	—
	F	10	—	—	—	—	—	—	—	—	—	—	—	—
	M	21	—	—	—	—	—	—	—	—	3	—	2	1
	F	6	—	—	—	—	—	—	—	—	2	4	7	7
	M	18	—	—	—	—	—	—	—	—	—	1	1	4
	F	18	—	—	—	—	—	—	—	—	—	—	5	11

Causes of Death by Age
Registrar General's Return—Manchester—cont'd.

CAUSES OF DEATH	Sex	Total all ages	Age group										75 and over
			Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	
Other diseases of blood, etc.	M	2	—	—	—	—	—	—	—	—	1	—	1
Mental disorders ..	F	2	—	—	—	—	—	—	—	—	1	—	1
Meningitis ..	M	1	—	—	—	—	—	—	—	—	—	—	1
Meningitis ..	F	2	—	—	—	—	—	—	1	—	—	—	—
Meningitis ..	M	6	—	—	1	—	—	—	—	—	—	1	—
Meningitis ..	F	1	2	—	—	—	—	—	—	—	—	—	—
Other diseases of nervous system, etc.	M	46	—	1	1	1	1	3	4	3	10	15	7
Other diseases of nervous system, etc.	F	42	—	—	—	2	2	—	3	4	5	12	14
Active rheumatic fever ..	M	—	—	—	—	—	—	—	—	—	—	—	—
Active rheumatic fever ..	F	1	—	—	—	1	—	—	—	—	—	—	—
Chronic rheumatic heart disease	M	34	—	—	—	—	—	2	4	3	15	8	2
Chronic rheumatic heart disease	F	58	—	—	—	—	—	1	3	10	19	16	9
Hypertensive disease ..	M	44	—	—	—	—	—	—	2	3	9	14	16
Hypertensive disease ..	F	52	—	—	—	—	—	—	2	7	8	17	18
Ischaemic heart disease	M	955	—	—	—	—	1	4	30	120	257	293	250
Ischaemic heart disease	F	729	—	—	—	—	—	—	3	25	80	229	392
Other forms of heart disease	M	175	—	—	1	—	—	—	3	13	26	43	89
Other forms of heart disease	F	253	—	—	—	—	—	—	1	3	21	50	177
Cerebrovascular disease	M	395	—	—	1	—	1	—	7	20	70	119	178
Cerebrovascular disease	F	679	—	1	—	—	—	3	4	23	61	166	421
Other diseases of circulatory system	M	110	—	—	—	—	—	—	1	8	14	37	50
Other diseases of circulatory system	F	174	—	—	—	—	—	—	1	7	11	36	118
Influenza ..	M	22	—	—	—	—	—	1	—	2	3	9	7
Influenza ..	F	53	—	—	—	—	—	—	1	3	3	10	36
Pneumonia ..	M	207	5	28	1	2	—	1	3	11	21	39	96
Pneumonia ..	F	211	4	21	1	1	—	—	1	6	11	34	132
Bronchitis and emphysema	M	400	—	—	—	—	1	1	9	20	92	152	125
Bronchitis and emphysema	F	180	—	—	—	—	—	—	2	5	27	57	89
Asthma ..	M	5	—	1	—	—	—	—	—	1	2	1	—
Asthma ..	F	5	—	—	—	—	—	1	—	—	—	3	1
Other diseases of respiratory system	M	40	—	7	2	2	1	—	1	2	5	11	9
Other diseases of respiratory system	F	35	1	3	4	—	—	1	2	1	4	7	12
Peptic ulcer ..	M	41	—	—	—	—	—	—	2	6	10	15	8
Peptic ulcer ..	F	17	—	—	—	—	—	—	1	2	—	2	12
Appendicitis ..	M	3	—	—	—	—	—	—	—	—	3	—	—
Appendicitis ..	F	2	—	—	—	—	—	—	—	—	1	—	1

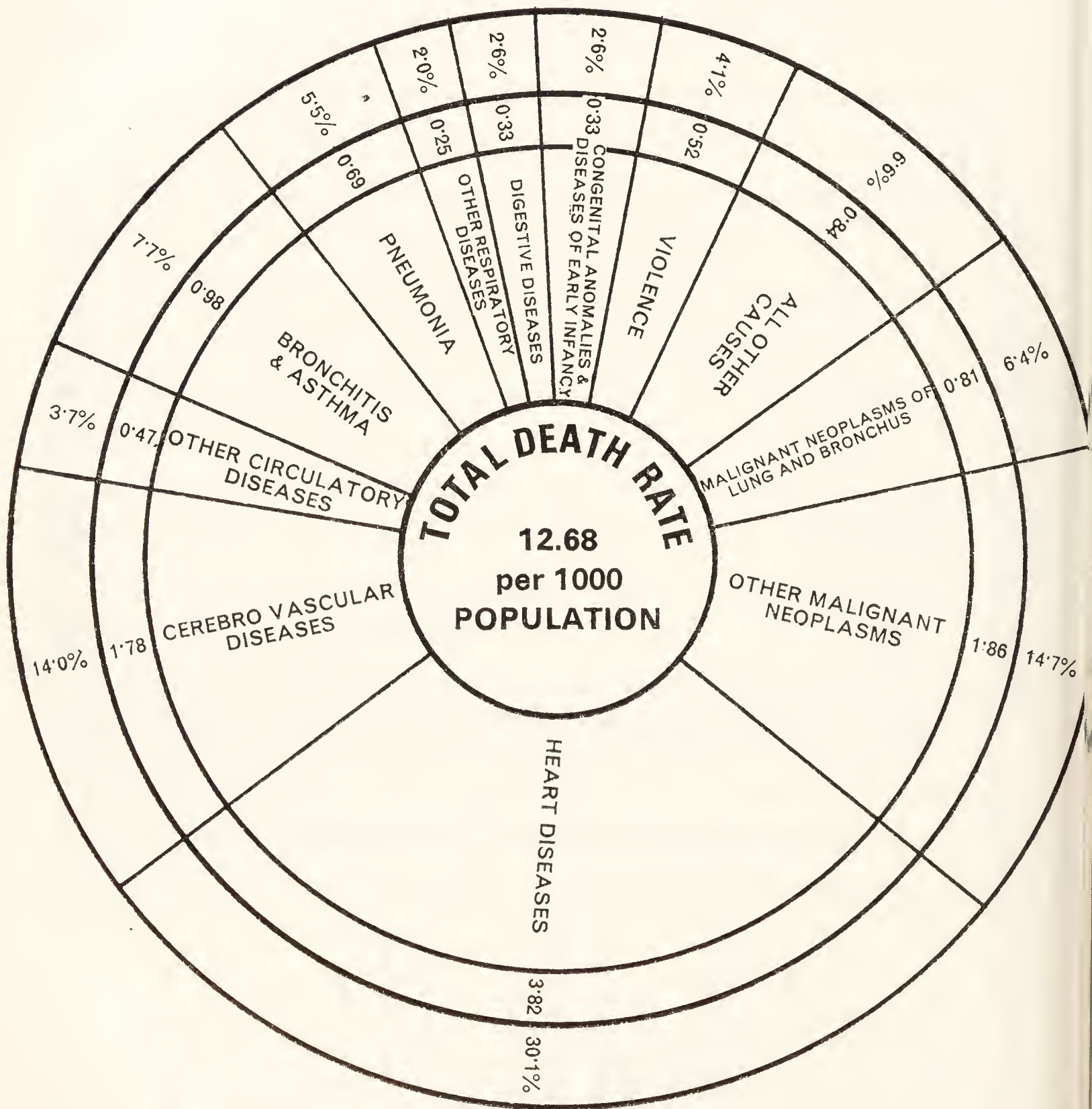
Registrar General's Return—Manchester—cont'd.

Causes of Death by Age

CAUSES OF DEATH	Sex	Total all ages	Age Group										
			Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75 and over
Intestinal obstruction and hernia	M	22	1	1	—	—	—	—	—	2	2	8	8
Cirrhosis of liver ..	F	13	1	—	—	—	—	—	—	1	1	5	5
Other diseases of digestive system	M	9	—	—	—	—	—	—	—	1	1	2	1
	F	14	—	—	—	—	—	—	—	2	2	3	4
Nephritis and nephrosis ..	M	28	—	—	—	—	—	—	—	5	4	6	5
	F	48	1	—	—	—	1	—	3	7	13	23	23
Hyperplasia of prostate ..	M	23	—	—	1	—	—	—	—	5	5	5	5
Other diseases, genito-urinary system	F	15	—	—	—	—	—	—	—	2	4	8	4
	M	15	—	—	—	—	—	—	—	—	1	3	6
Diseases of skin, subcutaneous tissue	M	23	—	—	—	—	—	—	1	—	1	14	14
	F	31	1	—	—	—	—	—	2	7	7	13	13
Diseases of musculo-skeletal system	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Congenital anomalies ..	M	10	—	—	—	—	—	—	—	1	6	3	—
	F	20	—	—	—	—	—	—	—	1	2	2	—
Birth injury, difficult labour, etc.	M	27	8	9	3	2	1	—	1	—	2	—	1
	F	45	16	11	4	3	1	—	3	—	3	1	1
Other causes of perinatal mortality	M	41	40	1	—	—	—	—	—	—	—	—	—
	F	23	23	—	—	—	—	—	—	—	—	—	—
Symptoms and ill-defined conditions	M	38	38	—	—	—	—	—	—	—	—	—	—
	F	24	24	—	—	—	—	—	—	—	—	—	—
Motor vehicle accidents ..	M	18	—	1	—	—	—	—	—	—	—	1	17
	F	56	—	—	—	—	—	—	—	—	—	1	54
All other accidents ..	M	44	1	—	—	7	8	3	5	5	8	4	2
	F	28	—	—	—	3	—	6	—	2	2	11	7
Suicide and self-inflicted injuries	M	78	1	6	—	7	6	2	7	11	6	9	17
	F	71	1	4	—	—	—	3	3	1	3	6	45
All other external causes ..	M	46	—	—	—	—	—	—	12	14	10	4	—
	F	20	—	—	—	—	—	1	3	4	4	3	2
	M	21	—	1	—	—	—	3	3	2	2	—	3
	F	8	—	—	1	—	—	2	—	1	3	—	—
Total all causes	M	3,901	99	62	23	25	35	42	117	370	876	1,141	1,111
	F	3,745	74	48	23	14	13	23	68	209	477	935	1,861
	All	7,646	173	110	46	39	48	65	185	579	1,353	2,076	2,972

DEATHS FROM PRINCIPAL CAUSES

RATE per 1000 POPULATION
AND
PERCENTAGE of TOTAL DEATHS



Deaths in age groups and percentages of total deaths

Year	Total number of deaths	Age groups and percentages									
		0—		1—4		5—44		45—64		65—	
		No.	%	No.	%	No.	%	No.	%	No.	%
1891 ..	13,202	3,299	24·99	2,225	16·85	3,178	24·07	2,756	20·88	1,744	13·21
1901 ..	11,801	3,114	26·39	1,676	14·20	2,725	23·09	2,627	22·26	1,659	14·06
1911 ..	12,272	2,901	23·64	1,516	12·35	2,711	22·09	2,790	22·74	2,354	19·18
1921 ..	10,093	1,707	16·91	728	7·21	2,313	22·92	2,687	26·62	2,658	26·34
1931 ..	10,618	1,027	9·67	503	4·74	1,943	18·30	3,144	29·61	4,001	37·68
1941 ..	10,016	832	8·31	265	2·65	1,467	14·65	2,886	28·81	4,566	45·58
1951 ..	9,676	439	4·54	64	0·66	748	7·73	2,568	26·54	5,857	60·53
1959 ..	8,397	325	3·87	39	0·46	456	5·43	2,199	26·19	5,378	64·05
1960 ..	8,269	366	4·43	39	0·47	421	5·09	2,181	26·38	5,262	63·63
1961 ..	8,910	388	4·35	36	0·40	457	5·13	2,369	26·59	5,660	63·53
1962 ..	8,767	413	4·71	47	0·54	424	4·84	2,336	26·64	5,547	63·27
1963 ..	8,504	391	4·60	62	0·73	449	5·28	2,338	27·49	5,264	61·90
1964 ..	7,715	382	4·95	38	0·49	421	5·46	2,082	26·99	4,792	62·11
1965 ..	7,866	337	4·29	43	0·55	421	5·35	2,172	27·61	4,893	62·20
1966 ..	7,844	306	3·90	50	0·64	358	4·56	2,071	26·40	5,059	64·50
1967 ..	7,751	258	3·33	50	0·65	381	4·92	1,994	25·72	5,068	65·38
1968 ..	7,646	283	3·70	46	0·60	337	4·40	1,932	25·27	5,048	66·03

Ward population, area, density, births and deaths
(figures compiled in the department)

WARDS	Estimated population	Area in acres	Persons per acre	Live births			Deaths		Deaths under one year of age			
				Legitimate	Illegitimate	Totals	Rate per 1,000 population	Totals	Rate per 1,000 population	Legitimate	Illegitimate	Totals
CITY OF MANCHESTER ..	602,790	27,255	22.12	8,866	1,870	10,736	17.81	7,642	12.68	240	42	282
Alexandra Park ..	20,152	780	25.84	285	66	351	17.42	252	12.50	10	1	11
All Saints ..	4,863	315	15.44	70	14	84	17.27	59	12.13	4	—	4
Ardwick ..	7,335	436	16.82	166	51	217	29.58	109	14.86	14	—	14
Baguley ..	26,669	1,405	18.98	229	46	275	10.31	215	8.06	7	1	8
Barlow Moor ..	15,380	1,120	13.73	113	55	168	10.92	298	19.38	3	1	4
Benchill ..	25,146	1,027	24.48	201	66	267	10.62	241	9.58	4	1	5
Beswick ..	9,880	243	40.66	216	36	252	25.51	114	11.54	8	—	8
Blackley ..	22,006	1,226	17.95	297	50	347	15.77	293	13.31	6	2	8
Bradford ..	18,279	772	23.68	333	40	373	20.41	233	12.75	5	2	7
Burnage ..	19,229	737	26.09	193	28	221	11.49	297	15.45	3	1	4
Cheetham ..	13,377	446	29.99	275	80	355	26.54	171	12.78	12	4	16
Chorlton-cum-Hardy ..	19,051	849	22.44	296	40	336	17.64	194	10.18	8	—	8
Collegiate Church ..	11,799	501	23.55	214	83	302	25.60	159	13.48	7	2	9
Crumpsall ..	26,221	1,805	14.53	282	53	335	12.78	326	12.43	6	1	7
Didsbury ..	16,928	1,181	14.33	211	20	231	13.65	206	12.17	4	1	5
Gorton North ..	20,335	540	37.66	398	68	466	22.92	317	15.59	12	—	12
Gorton South ..	15,380	631	24.37	169	25	194	12.61	222	14.43	3	—	3
Harpurhey ..	12,969	372	34.86	283	35	318	24.52	123	9.48	5	2	7
Hugh Oldham ..	7,754	498	15.57	108	29	137	17.67	110	14.19	3	—	3
Levenshulme ..	16,728	606	27.60	245	37	282	16.86	214	12.79	2	1	3
Lightbourne ..	17,349	390	44.48	264	24	288	16.60	248	14.29	3	—	3
Longsight ..	14,895	355	41.96	310	84	394	26.45	175	11.75	9	2	11
Miles Platting ..	10,495	444	23.64	210	37	247	23.54	149	14.20	12	1	13
Moss Side East ..	14,537	277	52.48	331	128	459	31.57	170	11.69	10	3	13
Moss Side West ..	16,100	268	60.07	408	143	551	34.22	177	10.99	13	3	16
Moston ..	19,622	1,170	16.77	214	20	234	11.93	241	12.28	5	—	5
New Cross ..	10,361	354	29.27	167	39	206	19.88	161	15.54	6	—	6
Newton Heath ..	16,508	905	18.24	244	39	283	17.14	277	16.78	5	1	6
Northenden ..	23,046	1,763	13.07	218	39	257	11.15	259	11.24	3	2	5
Old Moat ..	14,170	624	22.71	147	26	173	12.21	202	14.26	8	—	8
Openshaw ..	17,475	543	32.18	332	64	396	22.66	253	14.48	8	3	11
Rusholme ..	15,624	726	21.52	287	39	326	20.87	193	12.35	5	1	6
St. George's ..	3,564	318	11.21	55	7	62	17.40	60	16.84	—	—	—
St. Luke's ..	13,527	287	47.13	278	77	355	26.24	184	13.60	10	2	12
St. Mark's ..	16,249	517	31.43	341	66	407	25.05	225	13.85	9	1	10
St. Peter's ..	4,003	837	4.78	35	9	44	10.99	55	13.74	1	1	2
Withington ..	14,938	560	26.68	175	26	201	13.46	222	14.86	1	1	2
Woodhouse Park ..	30,846	1,427	21.62	261	81	342	11.09	238	7.72	6	1	7

Infectious Disease and Epidemiology

Incidence of infectious disease

The incidence of infectious disease (excluding tuberculosis) in the City, compared with the previous year and average of ten years, is shown in the following table:—

Disease	1968	1967	10 year Average 1958–1967
Anthrax	—	1	—
Diphtheria	—	4	—
Dysentery (amoebic or bacillary)	553	506	535
Encephalitis (acute)	—	5	2
Infective jaundice (notifiable from 1st February, 1966)	537	463	401
Malaria	—	—	—
Measles	2,777	3,204	4,575
Meningitis (acute)	17	7	13
Ophthalmia neonatorum	27	24	35
Pemphigus neonatorum	—	—	—
Poliomyelitis (acute)	—	—	15
Rubella	936	330	1,578
Scarlet fever	158	162	351
Smallpox	—	—	—
Typhoid/paratyphoid fever	19	5	10
Whooping cough	423	1,514	637

The Health Services and Public Health Act, 1968, from the 1st October, introduced the following changes in the list of notifiable diseases:—

Leptospirosis, tetanus and yellow fever were added. Acute influenzal pneumonia, acute primary pneumonia, acute rheumatism, erysipelas, membranous croup and puerperal pyrexia were deleted. In addition, meningococcal infection and infective hepatitis were to be notified respectively as acute meningitis and infective jaundice.

Anthrax

There were no cases and no deaths

Diphtheria

There were no cases and no deaths

Dysentery

553 cases with no deaths

The number of cases notified or otherwise ascertained was 553, compared with 506 in 1967: 297 of these were confirmed bacteriologically, *Shigella sonnei* being identified as the causal agent in 290 cases, *Shigella flexneri* in six cases and *Shigella boydii* in one case. There were outbreaks due to *Shigella sonnei* at two day nurseries.

Encephalitis (acute)

3 deaths

Although the three deaths were classified as viral encephalitis in the death returns received from the Registrar General, they had not previously been notified to the department as cases of infectious disease. Two people died within the City from viral encephalitis; a woman aged 73 years and a man aged 21 years. The third case, a woman aged 21 years who died in a hospital outside the City, was reported by the Registrar General to have died from viral encephalitis.

Food poisoning

192 cases with no deaths.

The following table summarizes the number of outbreaks and separate cases which occurred.

	Outbreaks		No. of separate cases
	No. of outbreaks	No. of cases involved	
Causative organism identified	10	112	71
Causative organism not identified	9	32	24
Totals	19	<div>144</div> <div>239</div>	<div>95</div>

Successful identification was made of the causative organisms in 183 cases of food poisoning. *Clostridium welchii* was responsible for 87 cases, all of which were concerned in a single outbreak, a Christmas lunch at a works canteen. Because of the large number of people wishing to participate in the lunch, pre-preparation of various foods was resorted to, and there is no doubt that at some stage of the cooling and reheating of the foods *Clostridium welchii* was introduced. *Salmonella typhimurium* was isolated from eight patients and three staff (four were symptomless excreters) in a hospital ward, a similar case having occurred in the ward some three months earlier. *Salmonella virchow* accounted for 12 cases.

Infective jaundice

537 cases with 5 deaths.

There were no deaths during 1968 in school-children, adolescents or in young adults. The five deaths were three women, aged 30, 67 and 76 years and two men, one aged 58 years and one aged 68 years who died in a hospital outside the City.

This disease became notifiable in Manchester on February 1st, 1966, but since October, 1968, has become notifiable throughout the country.

Review of notifications 1966-1968

Every notified case was visited by a public health inspector and only cases where jaundice had occurred were accepted for analysis.

The following table shows the numbers of accepted notifications for 1966, 1967 and 1968:—

Year	No. of notifications received	No. of notifications accepted	Percentage accepted
1966	350	308	88%
1967	514	463	90%
1968	622	537	86%

The table below shows the occurrence of cases by months:—

Month	Year		
	1966	1967	1968
Jan.	Not notifiable	31 6.7%	7 1.3%
Feb.	35 11.4%	30 6.5%	46 8.6%
March	42 13.6%	39 8.4%	45 8.4%
April	17 5.5%	36 7.8%	64 11.9%
May	40 13.0%	58 12.5%	46 8.6%
June	20 6.5%	39 8.4%	37 6.9%
July	25 8.1%	23 5.0%	40 7.4%
Aug.	18 5.9%	31 6.7%	28 5.2%
Sept.	34 11.0%	44 9.5%	48 8.9%
Oct.	23 7.5%	56 12.1%	67 12.5%
Nov.	31 10.0%	52 11.2%	63 11.7%
Dec.	23 7.5%	24 5.2%	46 8.6%
Total cases	308	463	537

Peaks tended to occur in either April or May and in September or October each year, with troughs in July and August and December and January.

The table below shows the number and percentage of cases by age groups:

Year	Total numbers	0-4 yrs.		5-10 yrs.		11-15 yrs.		16-20 yrs.		20 yrs. and over	
		No.	%	No.	%	No.	%	No.	%	No.	%
1966	308	18	5.8	136	44.2	46	14.9	24	7.8	84	27.3
1967	463	35	7.6	231	49.9	75	16.2	34	7.3	88	19.0
1968	537	51	9.5	217	40.4	84	15.6	47	8.8	138	25.7

The close similarity of the percentage of cases in the different age groups for the three years suggests that this is a disease occurring mainly in primary school children, with fewer cases in the secondary schools and still less in the years after leaving school.

In order to find out where the pre-school children and adults were infected, an analysis was made of children aged 4 years and under and those aged 16 years and over. Of these 41.5% in 1966, 40.9% in 1967 and 62.3% in 1968 had direct contact with school-children; the pre-school children had siblings at school and many of the women infected had young school-children. In February, 1968, because of the trends suggested in the investigation up till then a more detailed survey was commenced.

In order to obtain an estimate of the social conditions which might have a bearing on the disease, the cases in 1968 were divided into four groups—in the first, the head of the household belonged to Social Class I or II, in the second to Social Class III, in the third to Social Class IV or V and in the fourth he was unemployed.

The following table shows the percentage of the cases in 1968 in each group and also the percentage in each group who were living in overcrowded home conditions:

	Percentage of total	Percentage overcrowded
Group I	6.3	0
Group II	18.2	1.2
Group III	67.7	8.1
Unemployed	7.4	31.4
Retired	0.4	0

The distribution of the population of Manchester at the 1961 census was Group I—14%, Group II—58% and Group III—28%. It would appear therefore, that this disease has a higher incidence among families in the lower social classes and where overcrowding occurs. In this investigation a house was considered to be overcrowded if there were more than 1½ persons per room.

Influenza and related virus infection

The following report has been provided by Dr. J. O'H. Tobin, Director of the Public Health Laboratory at Withington Hospital.

"The epidemic of Asian influenza (A2) which had started in December, 1967, in Manchester, continued into the first three weeks of January, but then abruptly died out. This pattern was different from the usual Manchester picture where, over the last six years, influenza A2 has been mostly in January, February and March, only on one occasion appearing before the new year. This may have been accounted for by the lack of any cases in the winter of 1966-67. No strains of Hong Kong influenza had been isolated from Manchester up to the end of the year, although one strain had been found in a visitor to the area from the United States and who had contracted the disease there.

The parainfluenza viruses were prevalent, type 1 being present from March through May, and again in the closing months of the year when type 2 also appeared. Type 3 was present in the spring and early summer but disappeared subsequently. These viruses were causing mild respiratory infections in adults and older children, but in infants were giving rise to a certain number of cases of lower respiratory infection and croup.

Respiratory syncytial virus was remarkable for the few cases that occurred, the incidence being the lowest since 1962, when the virus was first studied. The scarcity of cases in the winter of 1967-68 was accounted for by the influenza epidemic, as there is some evidence that respiratory syncytial virus incidence is reduced when an influenza epidemic is occurring. Respiratory syncytial virus is usually responsible for the large number of cases of lower respiratory tract infection admitted to the children's hospitals in Manchester each winter."

Measles

2,777 cases with 2 deaths.

The incidence of measles was again below average.

The number of cases notified each week fluctuated throughout the year the lowest being in the third week in February (one notification) and the highest in the first week of August (145 notifications). Sixty-two notifications were received in the last week of December.

Acute meningitis

17 cases with 2 deaths.

Eight cases of meningococcal infection were notified prior to the change in the list of notifiable diseases introduced on 1st October, 1968, by the Health Services and Public Health Act, 1968. Subsequently, acute meningitis became the disease notifiable. Two of the eight cases died, a boy aged four and a man aged 50. From 1st October, nine cases of acute meningitis were notified.

Following the death of the four year old boy in February, an investigation was carried out with the co-operation of the Public Health Laboratory, Withington Hospital, when nose and throat swabs were taken from 62 child contacts at the school the boy had attended. Thirty-five (56 per cent) of these contacts, all clinically well, were found to be carriers of the meningococcus organism and it was, therefore, decided to obtain further swabs from children at two schools in different areas of the City. The carrier rate at the two "control" schools was found to be 44 per cent and 30 per cent.

In view of these findings a further investigation has been planned for 1969, to include three primary schools, two hospital schools with older children, the David Lewis Colony at Alderley and a University hostel.

Poliomyelitis

There were no cases and no deaths.

The last case in Manchester occurred in 1962.

Rubella (German measles)

936 cases with no deaths.

The 936 cases notified compared with 330 in 1967. The average for the past 10 years is 1,578.

Scarlet fever

158 cases with no deaths.

The 158 cases notified, compared with 162 in 1967, was the lowest recorded in the last 10 years.

Smallpox

There were no cases and no deaths.

The last case in Manchester occurred in 1946.

Typhoid fever

18 cases with no deaths.

Of 18 cases of typhoid fever notified in the City, 14 occurred in one outbreak, and two of the remaining cases were persons who had returned from visits to Middle East countries.

Cases 1 to 14

On 11th March a four year old girl was admitted to Wythenshawe Hospital suffering from a respiratory illness and on 16th March a faeces specimen was reported to be positive for typhoid fever. The patient was transferred to Monsall Hospital.

On 13th March a four year old boy belonging to the same family as the four year old girl, was admitted to the Duchess of York Hospital, Burnage with a pyrexia of unknown origin. Because of the family relationship the boy was transferred to Monsall Hospital where typhoid fever was confirmed. There then followed, over a period of five weeks one of the most extensive coverages ever undertaken by the Health Department in connection with a case of typhoid fever.

In this period a further 10 cases and two carriers of typhoid fever were confirmed all connected with the one outbreak. Of the 14 cases and carriers 11 were members of the same family group: a woman aged 29, a woman aged 27 and nine children between the ages of two months and 10 years. Two cases, woman aged 24 and her four year old daughter lived in the house next door and the remaining carrier case was a 35 year old male who regularly visited one of the homes.

The following contacts were investigated by the Health Department during the outbreak:—

11 friends of the family, 27 hospital patients (discharges), 180 school-children, 6 policemen, 14 ambulance drivers, 16 persons at the place of work of the male head of one of the families and 370 persons living in 104 households in the vicinity.

The last case was discharged from hospital on 23rd October and a routine periodic surveillance was maintained by the Health Department. The organism isolated was an untypable Vi strain in all instances and the source of infection was presumably a carrier. The route of infection is not certain, but could have been related to the unsanitary conditions found at the houses, including a defective, blocked water closet.

Case 15

On 10th March, a 51 year old woman was admitted to Withington Hospital with a gall bladder complaint. On 4th April, the Health Department was informed that a blood culture was positive for typhoid and the patient was removed to Monsall Hospital and remained there until her discharge on 3rd June. All discharges from Withington Hospital who had been in contact with the patient were kept under medical surveillance, as were all family and other contacts. The organism isolated in this case was Vi phage type C.1.

Case 16

A 14 year old boy was taken ill on 19th June and admitted to Monsall Hospital on 22nd June and a blood culture was reported to be positive for typhoid. Investigation revealed that the boy and his father had visited Israel between 30th May and 16th June and that whilst in Israel the boy had suffered an attack of gastro enteritis. Routine surveillance of all contacts including school friends was carried out. The patient was discharged from hospital on 26th July. The organism isolated in this case was Vi phage type A.

Case 17

A seven year old girl was admitted to Booth Hall Hospital on 30th July with suspected glandular fever. Typhoid fever was confirmed on 6th August and she was transferred to Monsall Hospital. The patient, whose home was in Sunderland, was on a visit during the school holidays with her family to relatives in the City. The Medical Officer of Health of Sunderland was informed of the case together with relevant details concerning the patient's movements prior to travelling to Manchester. Routine medical surveillance of all contacts was carried out in Manchester. The patient was discharged from hospital on 4th September. The organism isolated in this case was Vi phage Type E.1.

Case 18

On 11th September a 23 year old woman was admitted to Monsall Hospital as a suspected case of typhoid fever and on the 16th September the diagnosis was confirmed. Investigation revealed that the patient had been on holiday in Turkey from 3rd to 17th August, the holiday having been arranged by a travel agency. Routine medical surveillance of all contacts was carried out. A list of all tour members was obtained and the local health authorities concerned were informed of the case. The patient was discharged from hospital on 11th October. The organism isolated in this case was Vi phage type D.1.

Paratyphoid fever

One case with no deaths.

On 25th November a 53 year old housewife was admitted to Monsall Hospital with pyrexia and subsequently a diagnosis of paratyphoid B was made. Investigation revealed that between 3rd and 17th November, 1968, the patient and her husband had visited Israel. Routine surveillance of all contacts was carried out. There were no further cases reported.

Whooping cough

423 cases with no deaths.

The number of notifications of whooping cough was 423, compared with 1514 in 1967. The average for the previous ten years was 637. The investigation, into the incidence of whooping cough and the efficacy of existing pertussis vaccine, terminated in April. The results of this investigation, which was carried out by the Public Health Laboratory Service with the co-operation of many Health Departments, have not yet been published.

Consultations

Medical Officers of the department were actively engaged in the investigation of many of the cases noted. Requests for consultation were received from hospitals, general practitioners and nurseries. Technical help was readily available from the staff of the Public Health Laboratory, Manchester, and a large amount of work was carried out by this laboratory as part of the investigations into the cases of typhoid, paratyphoid, dysentery and food poisoning referred to elsewhere in this report. Co-operation between the Public Health Laboratory and the Health Department undoubtedly restricted the spread of pathogenic organisms in the City.

Immunization

1968 was the second year in which the Corporation's Leo III computer was used in the preparation of the immunization programme. Each child's date of birth and the immunization procedure to which the parents have consented are recorded by the computer; from this information the computer subsequently issues, at the appropriate intervals of time, an appointment card to remind the parents to take the child for immunization to the clinic of their choice.

If an appointment is not kept the computer prepares another appointment and eventually if three appointments are not kept, names the child on a list of non-attenders so that the child's parents may be visited. In this way it is hoped to prevent children from failing to complete their courses. Every immunization procedure a child receives is recorded by the computer so that a complete record is built up of each child's immunization history.

Diphtheria, whooping cough, tetanus and poliomyelitis

Primary immunizations completed by 31st December, 1968, of children born in 1965, 1966 and 1967

Year of birth		1965	1966	1967
Number of live births		12,517	11,985	11,305
Diphtheria	Number immunized	7,714	6,796	7,220
	Number immunized as percentage of live births	62	57	64
Whooping cough	Number immunized	7,544	6,672	7,060
	Number immunized as percentage of live births	60	56	63
Tetanus	Number immunized	7,783	6,919	7,248
	Number immunized as percentage of live births	62	58	64
Poliomyelitis	Number immunized	7,879	7,016	7,128
	Number immunized as percentage of live births	63	59	63

The above table indicates that of the births in the three years, approximately 64 per cent of children born in 1967 had completed their primary immunizations within two years. This means that during 1967 and 1968 more immunizations were completed within two years than had previously been completed within three or four years.

The following table indicates this improvement in primary immunizations achieved for diphtheria, together with the improvement in booster immunizations given at 18 months of age:—

Diphtheria primary				Diphtheria booster	
Year of birth	Number of live births	Number of children given complete primary course by end of year following year of birth	Percentage	Number of children in column (3) given booster injection by end of second year following year of birth	Percentage
(1)	(2)	(3)	(4)	(5)	(6)
1965	12,517	6,266	50	3,790	61
1966	11,985	5,802	48	3,821	66
1967	11,305	7,220	64	—	—

Smallpox

The accompanying table shows the number and age-groups of persons vaccinated, compared with previous years.

Ten-year record of successful primary smallpox vaccination

Year	Number of persons vaccinated at age					Number of live births	Number vaccinated under 1 year of age as percentage of live births
	under 1 year	1—4 years	5—14 years	15 years and over	Totals		
1959	4,222	496	85	269	5,072	12,332	34
1960	2,885	674	92	211	3,862	12,595	23
1961	2,740	1,289	105	269	4,403	13,003	21
1962	8,319	7,136	17,372	10,878	43,705	13,571	61
1963	3,072	638	57	238	4,005	13,311	23
1964	3,624	1,337	76	279	5,316	13,283	27
			5—15 years				
1965	4,242	2,321	117		6,680	12,517	34
1966	4,544	2,670	190		7,404	11,985	38
1967	6,728	2,327	103		9,158	11,305	60
1968	6,046	2,028	169		8,243	10,736	56

There were no deaths from complications of vaccination and no cases of generalised vaccinia.

Measles

In May 1968, on the recommendation of the Ministry of Health, immunization of children against measles was introduced. Measles vaccine, supplied free by the Ministry of Health, was made available to all children between the ages of one year and 15 years. It was hoped that as many children as possible would be immunized before the anticipated outbreak of measles in the late autumn and the winter. By the end of the year 5,809 doses of vaccine had been given.

Measles immunization has now been added to the department's routine schedule of immunization and will in future be offered to children during the second year of life.

Of the 5,809 children immunized against measles, approximately 1,500 received their immunization as part of a trial carried out by the Medical Research Council, involving the comparison of two live measles vaccines. The children taking part in this trial were between one and three years of age and each child was given a coded vaccine by random allocation. A third week follow-up was carried out to ascertain the incidence of reactions following the immunization.

Mobile immunization unit

It is with regret that the death, in September, of Dr. F. C. Leach, the medical officer to the mobile unit, has to be recorded.

Work of the mobile immunization unit, 1968

Nature of immunization	Number of persons immunized	
	1968	1967
Smallpox	949	1,542
Diphtheria, whooping cough and tetanus	1,818	2,297
Diphtheria and tetanus	316	280
Measles	11	—
Poliomyelitis	2,202	2,493
Totals	5,296	6,612

The decrease in the work of the unit was mainly due to the difficulty of obtaining a suitable replacement for Dr. Leach. From September until the end of the year the work of the unit was restricted to the availability of locum medical officers.

A medical officer for the unit was appointed in December, to commence duties early in 1969.

B.C.G. vaccination

The arrangements for the vaccination of child contacts of tuberculosis, school children, newly arrived immigrant children and certain hospital staff, continued. Sessions were held at the Manchester Chest Clinic and in schools. The numbers of persons vaccinated were as follows:—

	Contact scheme			School children and students (School health service)
	Health department	School health service	Totals	
No. skin tested	1,017	1,393	2,410	8,249
No. found positive	302	199	501	1,346
No. found negative	691	1,105	1,796	6,465
No. vaccinated	817	—	817	6,421

In addition 639 post-B.C.G. tests were carried out at the chest clinic sessions. In schools, whenever a case of tuberculosis was suspected, a special survey was undertaken.

Under the arrangements whereby newly arrived immigrants, under 21 years of age, are given appointments to attend the chest clinic, a total of 328 attended for Heaf testing. Of these, 133 were negative and were given B.C.G. vaccination; 181 persons with a positive reaction were referred for X-ray; some of these were stated to have received B.C.G. before arrival in this country. Fourteen persons failed to return for the result of their Heaf test to be read.

Yellow fever immunization

Regular sessions were held each Tuesday and Thursday in the Health Department clinic and special arrangements were also made for the immunization of persons unable to attend these sessions, including the crews of two ships.

The following table gives details of the yellow fever immunizations carried out:—

Class of person	Adults		Children	Totals
	Males	Females		
Manchester residents	228	169	65	462
Non-Manchester residents	843	553	264	1,660
H.M. Forces and families	10	1	1	12
Totals	1,081	723	330	2,134

International vaccination certificates

In addition to the 2,134 yellow fever vaccination certificates issued by the Health Department 8,203, smallpox and cholera vaccination certificates issued by medical practitioners were authenticated in accordance with the International Sanitary Regulations.

Dry sterilization unit

Syringes were supplied for the services listed in the following table. The number of syringes supplied was considerably less than in 1967, due to the Home Nursing Service using disposable syringes:—

Work of the dry sterilization unit, 1968

	Number and sizes of syringes issued				Other equipment issued	Totals
	1cc	2cc	5cc	10cc		
Immunization and vaccination	39,231	—	—	318	263	39,812
Ante-natal blood tests	—	—	—	5,070	—	5,070
Midwifery	—	—	596	—	—	596
Blood tests at remand homes ..	—	—	46	—	—	46
Totals	39,231	—	642	5,388	263	45,524
Totals for 1967 ..	64,301	48,506	4,999	7,012	208	125,026

Primary immunizations carried out at various centres

Immunization centre	Numbers of immunizations with each type of antigen										Percentage immunized at each centre
	Diphtheria, whooping cough and tetanus combined	Diphtheria and tetanus combined	Diphtheria	Whooping cough	Tetanus	Poliomyelitis		Measles	Smallpox	Totals	
						Oral	Salk				
Child welfare centres ..	5,721	160	1	1	1	5,846	1	3,041	6,238	21,010	60
Day nurseries ..	77	3	—	—	—	95	—	386	17	578	2
Schools and school clinics ..	—	1,870	2	—	30	1,280	—	1,734	54	4,970	14
Town Hall ..	—	—	—	—	—	212	—	—	—	212	1
Mobile immunization unit ..	1,231	166	—	—	—	1,559	—	11	948	3,915	11
General practitioners ..	1,069	54	3	—	65	980	70	630	926	3,797	11
Hospitals ..	144	1	—	—	—	147	—	7	60	359	1
Totals ..	8,242	2,254	6	1	96	10,119	71	5,809	8,243	34,841	100

Venereal Diseases

I am indebted to Dr. Leslie Watt, consultant venereologist and physician-in-charge St. Luke's Clinic for the following report:—

Exactly one-hundred and fifty years ago a group of eminent Manchester surgeons were "...influenced by the sad reflection of the rapid and alarming increase in this town of a certain class of deplorable objects rendered miserable by imprudence and desolate by long sickness". These gentlemen further noted that "... the midnight wanderer had hitherto no place of refuge even in a state of lingering disease, nor could the poor unguarded youth when brought to the bed of sickness and distress by his own indiscretion be admitted to that benevolent institution, the Manchester Infirmary". As a result of their efforts a "highly respectable meeting" was held in the Star Inn, Deansgate, on October 19th, 1818, and it was decided that "... a charitable institution be established, to be termed the Manchester and Salford Lock Hospital and Dispensary and to be exclusively appropriated to the reception of poor persons afflicted with the venereal disease".

The Lock Hospital and Asylum opened for patients in Parliament Street, on March 1st, 1819, and its direct descendant exists today as St. Luke's Clinic, Duke Street, where, after various moves it was established in its present building in 1875. In 1884, the Skin Hospital became a separate establishment, the committee of the time wryly recognising "... that a certain amount of prejudice attended in some minds to giving assistance to an institution devoted to patients suffering from disease presumed to arise from vicious causes".

The early minute books of the charity from which these extracts have been taken, show evidence of multifarious problems, some of which are perennial and exist today. Inadequate funds were noted within a very short time and inadequate buildings forced early changes of policy. Staffing difficulties occurred early, mostly mundane, but touching the bizarre when the Matron was summarily dismissed in 1827 having been seen "... in a house of ill fame, singing in company with very dissolute characters". Most of the patients appear to have been suitably grateful for their treatment, but some ran away before completion of treatment, and others were discharged for disorderly conduct. A rule of the charity was that once having been admitted and cured, either as an in-patient or out-patient, no person could receive treatment for a further infection.

The records are by no means complete, and clinical details are lacking, but the problems associated with control of venereal disease in the mid-19th century bear a striking similarity to those of today. A number of patients are named and in some the age and place of residence are noted. Many, especially the females, were from rural areas and of these, insofar as the records go, a high proportion was under the age of 20 years. Some came from Ireland and some even from Italy. The Industrial Revolution with its drift from rural society, atrocious living and working conditions and background ferment of social injustice and unrest, riots and depression, provided an ideal climate for rapid spread of venereal disease. Against this the efforts of the dedicated band of men and women, clergy, medical and lay, could do little.

The facilities and treatment available today are immeasurably superior to those of one-hundred and fifty years ago, but public concern regarding venereal disease is still great. Today, we still give much publicity to the steady rise in the number of venereal infections reported by the clinics. Today we note the disproportionately high incidence of venereal infection in our immigrant population, who often find themselves living in squalid conditions in areas of

industrial concentration—conditions directly descended from those of the mid-19th century. Today much is written of the problem of venereal disease among the younger sections of the community, who are attempting to adapt to the social turmoil of present day living and who, in most instances, get less credit than they deserve. There is an increasing shortage of trained medical and nursing staff in the venereal disease clinics and many posts are proving difficult to fill as they become vacant. This staff shortage, in the face of increasing demand for the services provided by venereal disease clinics, may soon cause problems.

The basic problems do not change and the recent concern over the incidence of venereal disease has a familiar ring. Few condone promiscuity, least of all a venereologist, but in an increasingly sex-obsessed and hedonistic society what else can be expected? If we are prepared to accept a society whose popular idols are permitted to flaunt convention and even encouraged to publicise their way of life, then we must be prepared to accept a high incidence of socially undesirable side effects, including venereal disease.

Apart from treatment, which today has a gratifying degree of success in the individual case, and contact tracing which has less success, all that can be done by the medical and allied professions is to inform the population of the nature of venereal disease and its mode of transmission. Great care is necessary in imparting this information, since few view venereal disease unemotionally. Pathetically frightened patients, who rush to the clinics for reassurance after some television programme on venereal disease or an article in the popular press, are only too familiar. The section of the population most liable to get venereal disease is, unfortunately, not the section most liable to be affected by, or even interested in, programmes or articles on the subject. The number of repeat patients who contract more than one infection within the same year and the very high proportion (about 40 per cent of males and 20 per cent of females) who are known to have a history of previous attendance at the clinics indicates that, for a section of the community, even acquisition of a venereal infection proves no deterrent against further promiscuity. It also suggests that a large part of the responsibility for the present apparently high incidence of venereal disease in the community may rest with a relatively small section of the population. It is difficult to envisage any measure which would influence such a pattern of behaviour.

Venereal disease service

No major change in clinic premises took place during 1968. Approximately eighty per-cent. of all patients attended St. Luke's Clinic, the remainder attending Manchester Royal Infirmary.

Staffing of venereal disease clinics is becoming increasingly difficult and both medical and nursing staff are in short supply. So far it has been possible to maintain the service by more effective use of available staff, but the situation shows signs of becoming serious on a nation-wide scale in the none too distant future.

Incidence of venereal disease

Table A shows the number of infections treated in the venereal disease clinics in Manchester during 1968. It must be stressed that the statistics produced by venereal disease clinics are based on the annual returns made to the Ministry of Health and refer to infections and not to individuals, some of whom may have more than one condition simultaneously, or may have acquired multiple reinfections within the year under review. A true incidence of infection in the population is impossible and only trends can be indicated. For comparison the figures for 1967 are included in brackets.

Acquired syphilis

The number of patients with early infectious syphilis seen in the Manchester clinics during the past twenty years is shown in Table B. The peak post-war incidence of early syphilis in Manchester occurred in 1946 when 1,458 patients (896 males and 562 females) were treated. Sporadic outbreaks only have occurred in Manchester during the past decade, and syphilis can by no means be regarded as a problem at present. Forty males were treated for early syphilis in 1968. The locality of infection was given as Manchester in 27 cases, elsewhere in Britain in nine, and abroad in four. Six were seamen, three being foreign nationals, all of whom were infected abroad. Homosexual activity was admitted by 20 (50 per cent) of all males with early syphilis, including one known and one suspected homosexual prostitute. All but two of these were infected locally, and homosexual transmission of infectious syphilis continues to be a feature in Manchester and elsewhere. Both homosexual prostitutes were also found to have gonorrhoea, one of the other homosexuals had been treated for gonorrhoea during a previous year and two others acquired gonorrhoea shortly after being treated for syphilis. Twenty (50 per cent) of the males with early syphilis were over the age of 25 years, and five (12·5 per cent) were under the age of 20 years.

Of the nine females treated for early syphilis one was infected abroad and three were infected within marriage. One was an admitted prostitute. Four had had gonorrhoea previously, one on two occasions. Five of these women were in the 20–24 age-group, two were under 20 years and two were over 25 years.

The number of patients with late non-infectious syphilis continues to decline, now at an accelerated pace, and only 21 were seen in the clinics in 1968. These conditions can now, at least for the present, be considered rarities.

Congenital syphilis

No case of infantile congenital syphilis was seen in the clinics in Manchester in 1968. For the first time since 1960, congenital syphilis was diagnosed in a child under the age of 15 years. This patient was a female aged 8 years, born in the West Indies and recently arrived in this country. Routine ante-natal blood tests continue to provide an effective preventive measure against congenital syphilis by detecting the very occasional case of syphilis in expectant mothers.

Gonorrhoea

Table C. shows the number of gonococcal infections treated in the Manchester clinics during the past twenty years. The figures represent gonococcal infections, not individuals. Of the 1,752 infections treated in 1968 in males, 206 (11·7 per cent) were repeat infections in individuals known to have been treated in the same clinics in Manchester during the year. Thirty-two of these men were treated three or more times, including one completely uncooperative homosexual who was known to have had six separate infections. The figure represents known reinfections treated within the year within the individual clinics, and is undoubtedly too low since an unknown number of patients move from clinic to clinic within or beyond the area. Of the 706 infections treated in 1968, in females, 37 (5·2 per cent) were repeat infections during the year. These represent known reinfections and not relapse of previously treated disease.

It should be noted that, inclusive of those detailed above, 699 (39·9 per cent) of the gonococcal infections treated in males and 145 (20·5 per cent) of the gonococcal infections in females occurred in patients who had previously attended the same clinic at least once for treatment of venereal infection or some other genital condition.

The number of infections treated in 1968 in males decreased by 78 (4.2 per cent) whereas the number of infections treated in females increased by 33 (4.8 per cent). For the past few years there has been a gradual increase in the actual and relative numbers of females treated for gonorrhoea. The male:female ratio has for the third successive year shown a reduction (2.4:1 compared with 2.7:1 in 1967, 3.1:1 in 1966 and 3.3:1 in 1965). This may indicate progress, however small, in reducing the reservoir of infection in often unwittingly infected females, though a significant factor is that the increased number of females treated were all in the younger age-groups.

The decrease in total infections treated is marginal, but the plateau formed over the past few years is maintained and the incidence of infection appears to have stabilised at a fairly high level.

Venereal disease in young people

Two young girls aged 15 and 17 were treated for early syphilis during the year.

Three passive homosexual youths aged 16, 18 and 19 were treated for early syphilis. Two other youths of 18 and 19 were also treated, one infected by the girl aged 15 noted above. Two of these youths were immigrants from Eire and all except one were probably infected locally.

Valid conclusions regarding syphilis cannot be drawn from such small numbers, but Table D shows the number of gonococcal infections occurring in the different age-groups over the past five years. For the past decade there has been a steady increase in the actual number of infections treated in the younger age-groups and the percentage of the total which these infections comprise.

During the year, 177 gonococcal infections (10 per cent of the total in males) were seen in youths under the age of 20 years. These infections occurred in 161 individuals, 16 (10 per cent) being repeat infections treated in the same clinic. Adolescent girls below the age of 20 accounted for 228 (32 per cent) of all infections in females. These infections occurred in 216 individuals, thus 12 (5 per cent) were repeat infections during the year. The incidence of repeat infections in this sample does not appear to vary according to age-group.

There has been an increase of 16 (10 per cent) in the number of gonococcal infections treated in adolescent males, and an increase of 41 (22 per cent) in the number treated in adolescent females. The increase in adolescent females has occurred in the face of decrease of infections treated in the older age-groups. The numbers are not large when compared with the population served but indicate an increase in gonorrhoea in the younger age-groups. Some encouragement may be drawn from the apparently increased willingness of younger females to attend the clinics. The male:female ratio in the younger age-group is 1:1.2 compared with the overall ratio of 2.4:1, although it must be realised that young females tend to consort with older males in addition to males of their own age-group.

Venereal disease in immigrants

Eight (20 per cent) of the males with early syphilis were foreign nationals, three being foreign seamen infected abroad. The others were a French visitor and four members of the resident immigrant community from Eire.

Table E shows the influence of male immigrants on the incidence of gonorrhoea in Manchester during the past five years. In 1955, the year which first clearly showed the impact of immigration on venereal disease, 417 (31·5 per cent) male patients treated for gonorrhoea were immigrants. Comparison is made in the table with 1962, the year in which the influence of immigrants on the incidence of gonorrhoea was most marked, when 1,118 (58 per cent) male patients were immigrants. Since that date there has been a steady decline in the number of immigrant males treated in the clinics. This is undoubtedly due to stabilisation of the immigrant community by limitation of the number of unattached males and the arrival of female dependants. Female immigrants, apart from a few from Eire, have not so far accounted for a disproportionate amount of venereal infection.

In spite of this welcome decrease, it remains a fact that although immigrants comprise an estimated 2 per cent of the population of Britain they still account for 40 per cent of gonococcal infections in males in Manchester, which is admittedly an area of fairly high immigrant concentration.

Other conditions

In 1968, a total of 4,309 “other conditions” was diagnosed in males and females. This total (only infections not individuals are considered) is apt to be misleading since many patients who suffer from syphilis or gonorrhoea (especially females) may also in addition present with genital conditions classified under this heading. As an example, of the 706 gonococcal infections treated in females, 277 (32 per cent) were in association with trichomoniasis which was also classified under “other conditions”, and indeed comprised 25 per cent of the total of 1,104 “other conditions” diagnosed in females.

Non-gonococcal urethritis was diagnosed in 1,257 males, and yaws (a tropical disease not transmitted sexually) in 17 males and 8 females.

The total also included 952 males and 346 females in which simple reassurance as to absence of disease was all that was necessary.

Venereal disease social worker

For many years, in Manchester, liaison between the venereal disease services and the health visitor service has been provided by a full-time health visitor permanently seconded by the local authority. This system works well although contact tracing in venereal disease is inevitably a laborious task. Because of incapacity the health visitor was off duty for six months, but during 1968 a total of 25 contacts who otherwise would not have been treated were persuaded to attend the clinics.

TABLE A
Summary of new registrations and attendances, Manchester clinics, 1968
(1967 totals in brackets)

New cases	Male	Female	Total
Early syphilis	40 (30)	9 (5)	49 (35)
Late syphilis	15 (31)	6 (21)	21 (52)
Congenital syphilis	2 (5)	3 (15)	5 (20)
Gonorrhoea	1,752 (1,830)	706 (673)	2,458 (2,503)
Other conditions	3,205 (2,940)	1,104 (1,027)	4,309 (3,967)
Total new registrations ..	5,014 (4,836)	1,828 (1,741)	6,842 (6,577)
Total attendances	15,177 (15,366)	5,503 (5,125)	20,680 (20,491)

TABLE B
Early acquired syphilis in Manchester clinics,* 1968

Year	Males	Females	Total	Year	Males	Females	Total
1949 ..	443	255	698	1959 ..	10	3	13
1950 ..	257	161	418	1960 ..	12	6	18
1951 ..	117	66	183	1961 ..	22	3	25
1952 ..	43	24	67	1962 ..	16	5	21
1953 ..	20	13	33	1963 ..	23	9	32
1954 ..	24	15	39	1964 ..	13	3	16
1955 ..	21	12	33	1965 ..	31	16	47
1956 ..	7	4	11	1966 ..	9	5	14
1957 ..	2	1	3	1967 ..	30	5	35
1958 ..	9	2	11	1968 ..	40	9	49

*Highest number of infections diagnosed in 1946-896 males and 562 females, a total of 1,458.

TABLE C
Gonorrhoea in Manchester clinics,* 1968

Year	Males	Females	Total	Year	Males	Females	Total
1949 ..	1,644	361	2,005	1959 ..	1,739	507	2,246
1950 ..	1,278	242	1,520	1960 ..	1,535	496	2,031
1951 ..	1,266	248	1,514	1961 ..	1,925	574	2,499
1952 ..	1,475	444	1,919	1962 ..	1,947	555	2,502
1953 ..	1,214	348	1,562	1963 ..	1,831	569	2,400
1954 ..	1,175	314	1,489	1964 ..	1,899	573	2,472
1955 ..	1,345	365	1,710	1965 ..	1,547	464	2,011
1956 ..	1,283	343	1,626	1966 ..	1,781	573	2,354
1957 ..	1,557	393	1,950	1967 ..	1,830	673	2,503
1958 ..	1,765	455	2,220	1968 ..	1,752	706	2,458

*Highest number of infections diagnosed in 1946-2,854 males and 693 females, a total of 3,547.

TABLE D
Age-groups of male and female patients treated for gonorrhoea.
Manchester clinics, 1968.

Age (years)	1964		1965		1966		1967		1968	
	M	F	M	F	M	F	M	F	M	F
Under 16	6	8	6*	3*	—	8	—	6	3	6
16 and 17	26	39	35	42	34	51	30	54	31	73
18 and 19	115	73	101	78	124	94	131	127	143	149
Total under 20	147	120	142	123	158	153	161	187	177	228
% under 20	7%	21%	8%	26%	8%	27%	9%	28%	10%	32%
20 to 24	546	222	410	172	492	165	559	214	475	213
25 and over	1180	231	975	169	1131	255	1092	272	1100	265
Totals	1873	573	1527	464	1781	573	1812	673	1752	706

*Gonococcal ophthalmia neonatorum and gonococcal vulvo-vaginitis in children excluded since 1965.

TABLE E
Country of origin of male patients with gonococcal infections.
Manchester clinics, 1968.

Country of origin	1962*		1964		1965		1966		1967		1968	
	No.	per cent	No.	per cent	No.	per cent	No.	per cent	No.	per cent	No.	per cent
U.K.	792	41.5	1,003	53.3	885	57.9	1,019	57.3	1,039	57.9	1,045	59.7
Non-U.K.	1,118	58.5	870	46.7	642	42.1	762	42.7	773	42.1	707	40.3
Totals	1,910	100	1,873	100	1,527	100	1,781	100	1,812	100	1,752	100

*Highest number of infections diagnosed in immigrants in 1962.

Occupational Health

Pre-employment medical review

The Transport Department provides its own occupational health service and referrals to the Medical Officer of Health are made only for purposes of retirement on medical grounds. The majority of the personnel of the Manchester and Salford Police Force receive medical surveillance from specially appointed doctors as also do the operational staff of the Fire Brigade.

For selected groups of employees of the Health Department, the Children's Department and the Education Department, medical examination and/or chest X-ray is required before employment and subsequently chest X-rays are repeated at two yearly intervals.

Selected groups of employees of the Waterworks Department and of the Markets Department have a medical examination and/or bacteriological examination before employment, followed subsequently by repeat investigation at yearly or three-yearly intervals.

As a minimum requirement all other prospective non-manual employees must complete a medical questionnaire. The screening of medical questionnaires is carried out by a senior medical officer of the Health Department. Where there was no special departmental need for a medical examination or other investigation, further medical investigations were required in only a minor proportion of cases. One-thousand six-hundred and eleven questionnaires were checked and it was necessary for medical and/or chest X-rays to be carried out in 589 of these cases. Only fourteen applicants were considered to be medically unsuitable for employment. Six registered disabled persons were considered to be medically suitable for employment.

For the majority of prospective manual employees there is no medical surveillance prior to employment in the Corporation service.

Long-term sickness absence

The Medical Officer of Health, at the request of employing committees and heads of departments and with the permission of the employees concerned, obtained confidential medical reports on employees absent from duty due to sickness for prolonged periods of time or when their entitlement to sickness benefit was about to expire. Subsequently, 33 employees were referred for medical examination by independent consultants and, as a result, five employees were found alternative work of a less strenuous or arduous nature.

Retirement for medical reasons

The Medical Officer of Health recommended the retirement, for medical reasons, of 163 employees of the Corporation who were incapable of carrying out their duties and for whom no suitable alternative work was available. The following table shows the number of employees retired for each main type of incapacity.

Nature of incapacity	Number of cases
Malignant neoplasms	4
Allergic disease	1
Diseases of blood.. .. .	1
Psychoneuroses and psychoses	10
Other diseases of nervous system and sense organs	11
Ischaemic disease	20
Cerebro-vascular disease	8
Other diseases of the heart	2
Hypertension	8
Other diseases of circulatory system	6
Bronchitis	39
Other diseases of respiratory system.. .. .	2
Diseases of digestive system	8
Diseases of genito-urinary system	2
Arthritis.. .. .	17
Other diseases of bone	6
Injuries (all forms)	6
Other causes	12
	<hr/> 163

Town Hall clinic

The staff welfare, first-aid and immunization clinic, situated in the Town Hall extension basement, again operated most satisfactorily and was used regularly for medical consultations. Chiropody sessions were provided for patients who find a centrally located clinic more convenient. Sessions for cervical cytodiagnosis were continued. In December, the Manchester Regional Hospital Board Mass Radiography Unit was again located in the clinic for a period of nine weeks for the periodic chest X-ray examination of Corporation employees and of the general public. Details of the work carried out in this clinic include:—

Reason for attendance		Number of cases
Treatment of injury and illness	first attendances	128
	total attendances	128
Medical interviews i.e. suitability for normal work after illness, personal and social problems etc.		504
Home visits to Corporation employees on sick leave		67
Medical examinations		309
Immunization	Yellow fever	2,134
	Poliomyelitis	150
	Smallpox	147
	Other.. .. .	15
Chiropody		123
Cytodiagnosis		260

Analysis of medical reviews

The following table relates to the number and type of medical reviews conducted for pre-employment and general purposes and the number of retirements due to medical incapacity.

Department	Pre-employment medical questionnaires examined	Pre-employment medical examinations and/or X-rays	Retirements due to incapacity	Miscellaneous medical reviews	Bacteriological investigations
Airport	28	5	3	23	—
Art Galleries	16	5	1	1	—
Baths and Laundries	—	—	—	11	—
Children's	188	177	2	7	—
City Architect's	43	2	—	1	—
City Estates and Valuation ..	24	4	1	1	—
City Planning	9	1	—	1	—
City Surveyor's	68	6	14	26	—
City Treasurer's	60	8	1	—	—
Cleansing	1	—	10	129	—
Direct Works	42	7	21	63	—
Education	1	—	40	—	—
Fire Brigade	2	—	2	1	—
Health	643	295	10	9	22
Housing	54	11	—	3	—
Libraries	123	19	3	1	—
Lord Mayor's	—	—	—	—	—
Markets	10	1	—	9	35
Parks and Cemeteries	9	1	2	18	—
Police	78	4	—	4	—
Probation	5	1	—	—	—
Rivers	9	2	1	8	—
Stationery	13	—	—	—	—
Town Clerk's	57	1	—	—	—
Town Hall Superintendent's ..	1	1	3	—	—
Transport	—	—	40	—	—
Waterwork's	50	10	5	8	365
Weights and Measures	5	—	—	—	—
Welfare Services	72	28	4	20	—
Totals	1,611	589	163	294	422
For other local authorities	—	—	—	50	—
Grand totals	1,611	589	163	344	422

Examination of Waterworks Department staff

During the year 128 new and existing Waterworks Department employees not previously tested had a Widal test and the bacteriological examination of faeces and urine specimens. Subsequently, 20 were considered to be "suspicious", having raised blood titres which required further bacteriological tests to eliminate the possibility of a carrier state. By the end of the year, nine of these employees had been cleared by the Public Health Laboratory, leaving 11 where tests were still continuing.

With the exception of one man (a woodsman), based at Longdendale Works who was found to be excreting *Shigella sonnei* and one man (an excavator driver) based at Kendal, found to be excreting a *Salmonella* "D" organism no personnel were found to be excreting *Salmonella* or dysentery organisms.

In accordance with the Ministry of Housing and Local Government's recommendation of "Safeguards to be adopted in the Operation and Management of Waterworks", which suggested the three-yearly testing of waterwork employees, 237 employees submitted faeces and urine specimens for bacteriological investigation.

Of this total, 205 employees completed all the necessary tests, leaving a balance of 32 employees who, for various reasons, did not provide the necessary number of specimens.

In no instance were Salmonella or dysentery organisms isolated.

Examination of abattoir staff

Under the new legislation requiring the compulsory medical screening of abattoir staff engaged on the handling of meat for export, selected Health Department and Markets Department employees, together with the appropriate employees of the Ministry of Agriculture, Fisheries and Food and of a firm of market traders were examined medically and bacteriologically.

There were 98 medical examinations performed and in association with these 285 samples were submitted to the Public Health Laboratory for bacteriological examination. Subsequently 89 "Freedom from Infection Certificates" were issued. Nine certificates were withheld pending the outcome of further bacteriological examinations.

Commentary

Fourteen-thousand non-manual employees, excluding those medically screened by the services provided by the Transport Department, the Fire Brigade and the Police Authority, have been medically screened before employment.

It is estimated that a majority of 14,900 manual employees have not received any form of medical screening prior to employment and have constituted the greater proportion of the problems referred to the senior departmental medical officer responsible for staff health and welfare, and to the nurse in charge of the clinic who is also the welfare adviser and sick visitor for all Corporation employees. This service has continued to expand the good working liaison established with employees and employing departments in relation to staff long-term sickness absence, retirement due to incapacity and problems of occupational hygiene. Unfortunately, the present service operates only when it appears to the employing department or committee that medical assistance is needed with a personnel or occupational hygiene problem.

Routine medical reviews of personnel merely for purposes of extension of sick pay entitlement or retirement on grounds of incapacity, alone are no substitute for an occupational health service. Furthermore, the Medical Officer of Health receives little information on the sickness absence experience of the largest single employer of labour in the City, namely Manchester Corporation, to enable him to analyse the epidemiological patterns obtaining at any particular time.

Since a minor amount of sickness absenteeism is the result of malingering, the aim must be to do the best for the majority and any occupational health scheme must be operated honestly for the benefit of the employee and under no circumstances must it be used to check on an employee's whereabouts or his willingness to work. In all situations strict professional relationships must be maintained and there must be no suggestion of exploitation so that an employee becomes sceptical of actions taken in his interest or on his behalf. Employing departments should have no doubt of these aims and principles.

However, in the present financial climate it will not be possible to attempt more than a gradual expansion of the existing staff health and welfare service, in collaboration with employing departments, though in the future, priority should be given to the development of an occupational health service. Only in this way will it be possible to provide the adequate health supervision and health education that present-day society expects, and justly deserves.

Other Medical Reviews

Medical review of hackney carriage drivers

It is necessary for applicants to the Watch Committee for hackney carriage licences to submit medical reports completed by their family doctors. In these reports special attention is directed to the presence of eye and ear defects, heart disease and diseases of the nervous system. New applicants numbered 440, whilst 129 renewal applications were submitted. In seven cases it was necessary to recommend the rejection of the applications.

Examination of children referred by the Children's Department

Medical officers of the department examine children about to be taken into care by the Children's Department to ensure their freedom from infection. Fifty-nine such examinations were carried out during the year.

Exemption from parking meter charges for disabled persons

Disabled persons using invalid carriages or adapted motor vehicles, and who need to park such vehicles in the City centre, can be provided with badges exempting them from parking meter charges. The Medical Officer of Health considers applications for such exemption and 42 new applications were approved. Two-hundred and eighty applications were renewed for a further year.

Rehousing on medical grounds

Rehousing and transfer applications are in many instances supported by medical evidence which is submitted on the applicant's behalf by medical practitioners, hospital welfare organizations and other sources. A medical officer of the department reviews the evidence together with a report from one of the department's housing inspectors, following a visit to investigate housing conditions. Four-thousand four-hundred and twenty-four cases were considered compared with 5,998 in the previous year. Subsequently, the recommendations of the Medical Officer of Health were referred to the Director of Housing.

Cremation certificates

The Medical Officer of Health is medical referee to the Blackley Crematorium and doctors A. J. Essex-Cater, A. Butterworth and M. Coates are appointed deputy medical referees. One-thousand one-hundred and fifteen certificates were examined and, although in some instances further information had to be obtained, it was on no occasion necessary for the medical referee to withhold signature subsequently.

Health control at Manchester Airport

The Medical Officer of Health is responsible for health control and the medical inspection of aliens and commonwealth immigrants arriving at Manchester Airport. Five medical officers of the Health Department and several private general medical practitioners, who live near to the airport, are appointed to act on behalf of the Medical Officer of Health in this capacity.

Under the Public Health (Aircraft) Regulations, 1966, persons arriving on aircraft from smallpox endemic areas of Africa, Asia and America (except the United States of America or Canada) and from any smallpox local infected area are required to be in possession of a valid smallpox vaccination certificate. When persons arrive without a valid certificate they are either vaccinated at the airport and/or arrangements made for them to be kept under medical surveillance.

From 1st March, 1968, all commonwealth immigrants have been medically examined under the Commonwealth Immigration Acts, 1962 and 1968. Of the 752 commonwealth immigrant arrivals one was refused admission on medical grounds and a further five were admitted on condition that they reported to the Medical Officer of Health of the local authority area to which they were proceeding. All twenty-one aliens examined under the Aliens Order, 1953, were admitted. Thirty-two commonwealth citizens and 19 aliens were refused admission for non-medical reasons by the Immigration Officer.

Eight-hundred and ninety-four long-stay immigrants arrived at the airport and their names and the addresses to which they were travelling were notified to the Medical Officers of Health of the local authorities concerned to enable them to make contact with the immigrants and acquaint them with the health facilities available for them.

Radioactivity

Radioactive Substances Act, 1960

By the end of 1968, 28 certificates of registration under section 1, and 7 certificates of registration under section 3, together with 12 certificates of authorisation under section 6, and 6 under section 7 had been issued to firms, and establishments in the City by the Ministry of Housing and Local Government. Section 1 registration refers to the keeping and use of radioactive material, section 3 registration refers to the keeping and use of equipment such as industrial radiography machines. Section 6 authorisation refers to the disposal of radioactive waste and section 7 to the accumulation of such waste.

In August, a 1.7 curie iridium 192 gamma ray source, complete in its depleted uranium shielding container, was reported lost in the Greater Manchester area. The users, registered under this Act to keep and use such a source, reported its loss immediately to the appropriate authorities, as so required to do in their registration certificate. Within a very short period of time the City Police and Health Department had been informed, together with the Radiochemical Inspectorate of the Ministry of Housing and Local Government, the Regional Centre of the Radiological Protection Service and the Radiological Protection Officer of the University of Manchester.

Through the media of the press and television, the local population were informed of the visual appearance of the missing isotope and its container and warned of the potential danger of removing it from the protective container. An intensive search was conducted by the Police, Fire Brigade and Radiological Protection Authorities, overnight and through part of the next day, with no success. However, less than 24 hours after the loss was first reported, the isotope was discovered intact on one of the premises of the registered user!

While this "exercise" was time consuming, to say the least, it served as a very valuable test of the efficiency of the local arrangements previously created to deal with such a contingency.

Nuclear Installations Act, 1965

There are no nuclear site licences applicable in respect of industrial sites within the City.

Teaching establishments

The comprehensive investigation, into the uses of ionizing radiations in Manchester Schools and Colleges of Education, conducted by the University of Manchester Radiological Protection Service and reported last year, was concluded early in 1968. It is hoped to arrange for a second investigation to be conducted in 1969.

Arrangements for dealing with incidents

These national arrangements were scheduled in Ministry of Health Circular 3/64 and H.M.(65)82. The Manchester Royal Infirmary is the designated hospital in this region prepared to accept radiation casualties. Liaison between this hospital, the University of Manchester Radiological Protection Service, the Regional Centre of the Radiological Protection Service and the Health Department was established some years ago. In the latter part of 1968, a review of the adequacy of arrangements for the decontamination of personnel, property and transport was commenced. The problem of the decontamination of persons, in the event of exposure to certain radioactive isotopes, has received considerable attention, and on this topic the advice of the Chief Medical Officer of the Health and Safety Branch of the United Kingdom Atomic Energy Authority is particularly acknowledged.

School dental radiography

The routine film-badge personnel monitoring service, first provided by the Regional Centre of the Radiological Protection Service in 1967, was continued. All exposures were reported as low and well within the permitted dose range.

Acknowledgment

The Director of the Regional Centre of the Radiological Protection Service at Christie Hospital and the University of Manchester Radiological Protection Officer have been most willing at all times to give professional advice and assistance. This co-operation and liaison is sincerely appreciated.

Health Education

At the beginning of the year the Health Education Council was set up by the Government to take over the health education promotional activities of the Ministry of Health and the work of the Central Council for Health Education, to assist in the development of local programmes in co-operation with local authorities, professional organisations, voluntary bodies, industry and commerce. Health education material continues to be available from this council.

All sections of the department have contributed to the work of health education during the year and a very large number of enquiries have been received from students at schools and colleges for information to assist them with projects and theses on various aspects of public health, indicating a greater consciousness of health education.

A number of persons visited the Health Department, including several doctors travelling on World Health Organization Fellowships, Government Officials from overseas, some principal assistants from H.M. Treasury and Hospital Services Administrative Trainees. A comprehensive programme was arranged to give visitors a general picture of the work of all sections, with emphasis on any particular aspect where specially requested.

Over 2,000 individual visits were made to the City abattoir by students, veterinary officers and others, including 60 through the World Health Organization.

Eight members of the staff of the Sanitary Services Division lectured to students in training and to various organizations. Talks were also given by members of the staff of the Mental Health and the Nursing Services Divisions to groups attending particular courses, such as trainee district nurses. Visits were paid to training centres and hostels by students interested in seeing something of the work of the Mental Health Service as a background to their courses of study, and, similarly, to appropriate establishments by others training in the various nursing services.

Students attending diploma courses for teachers of the mentally handicapped from certain course centres spent varying periods undergoing practical training in the adult training centre and the junior training centres, whilst similar facilities with district mental welfare officers were granted to Certificate of Social Work students attending the Manchester course and to other students in related social work.

Monitoring of atmospheric pollution has assisted students in comparative studies as well as providing useful information in connection with the campaign for clean air.

Discussions on V.D. publicity have resulted in the preparation of posters, which are designed to give addresses of clinics where treatment may be obtained, not only locally but also in surrounding areas, for those who do not wish to attend clinics in their own locality.

Other posters issued have referred to the importance of personal and environmental cleanliness, to the necessity to keep dogs out of food premises and to the increasing problem of noise nuisance.

The obstacles health visitors encounter in endeavouring to instruct the public in the matter of health education are many and varied, covering the whole gamut from ignorance to indolence to indifference. But, strange as it may seem, the most difficult to overcome is complacency.

Where a danger is not apparent it is not feared and nowhere is this more clearly evident than in the present day neglect of the safeguards of immunization. Diphtheria does not seem to be a present danger and so the means of counteracting it are neglected. But it is a danger, a very real and lethal one and were it to become active the results might well be appalling.

It falls to the health visitor to try to shake the parents out of their lethargy in a matter so vital and to convince them of the necessity of taking every precautionary measure. The old adage that prevention is better than cure is as valid today as ever it was.

In the matter of immunization, as in all other aspects of health education, the starting off place is the home where there are young children. The average young mother is usually both poorly instructed in how to care for her baby and anxious that the child should receive the best possible care. She is thus in a most receptive mood and the health visitor's work is made correspondingly easier. In matters of child care the mother is generally considered the more important of the parents, but it is bad policy and tactics to ignore the role that the husband can and should fulfil in the matter of safeguarding the health of the family.

The main task of the health visitor in this instance is to convince young parents of the necessity of maintaining the highest possible standards of good health and to explain how these may be achieved. This conviction is everything, for if parents are not convinced of the necessity of safeguarding health, then carelessness and complacency will creep in with the passing years and the growth of the child. Every opportunity is taken to stress the importance of a warm, loving home atmosphere which will help the child to develop soundly, not only in physical well-being, but with mental stability as well.

Health education of the individual must start at the earliest possible time and the staff in the local authority nursery recognise this and help to lay the foundations of good habits. These are developed in school, and the role of the health visitor in this field has grown in effectiveness since the amalgamation of the school nursing and health visiting services.

Courses have been organised for health visitors on the teaching of health education to school children and the results of these have proved extremely gratifying.

The needs of youth in the matter of health education call for special skills and the purpose of the above mentioned courses is to equip the health visitor to tackle the problems that youth presents.

How is one to counteract the mass of propaganda levelled at the youth of today from every source—from T.V., press, posters—"the anti-health pressures, notably those which invest particular products or habits with meretricious glamour", as the Cohen report puts it? Smoking is presented as the open-sesame to all sorts of romantic adventures. Even the taking of drugs, a most pernicious enemy, not only of physical, but of mental health, is made easy and is even presented as non-harmful.

The experience of those involved in caring for the young can quickly give the lie to this particular type of propaganda.

The health visitor will bring all her skills into play to counteract this baleful type of indoctrination, but, before her instruction can be effective, she has to convince the youngsters of the desirability and necessity of thinking for themselves, of making independent, informed judgements. Again, as has been mentioned with regard to other aspects of health education, it is necessary that the one concerned be convinced of the danger and realise intellectually the full implications of the harm attendant on habits once formed.

Youth must be brought to the clear realisation that they are being exploited by a very subtle form of propaganda. Once convinced, the danger is overcome with comparative ease. But the task of convincing is an uphill one, for the opposition is immensely powerful as well as subtle and, besides, many young people have to contend with the influence of their own companions and particular environment. Here, as elsewhere, a healthy home atmosphere is the best safeguard, and, as has already been said, the health visitor can be a strong influence in helping to create this.

Posters and leaflets and all forms of literature can be helpful but the message must be presented in a simple realistic form, easily assimilated. There should be insistence on one or two fundamental points, the purpose being to convey instruction by dint of repetition. Every experienced educator knows that it is constant repetition that drives the message home.

Health visitors require a great deal of patience, tact and understanding. They are after all dealing with all levels of society, and with mixed cultures. It would seem desirable in the light of what has been said that the post of health education officer be established to co-ordinate the work of health visitors and indeed the staff of other sections of the health department in order to procure the maximum effect of their efforts and skills to the ultimate benefit of the community.

The importance of health education about cancer is realized and the Executive Officer of the Educational Project of the Manchester Regional Committee on Cancer has supplied the following report:—

“Cancers in many of the so-called “accessible” sites respond extremely well to early treatment, showing cure-rates well in excess of 80 per cent in some cases. It is therefore quite unacceptable that, because many patients put off seeing the family doctor when serious symptoms arise, cures for these forms of cancer fall far short of what could be achieved were potential cancer patients to seek medical advice more promptly. To correct the widespread misinformation about cancer that is responsible for needless pessimism about the possibility of cure, and to foster a greater willingness to act when symptoms arise, is therefore an important part of the community health services; the City Corporation recognised this in its continued support of the Educational Project of the Manchester Regional Committee on Cancer. The fact that increased knowledge alone does not change the behaviour of individuals (over 90 per cent of women know that a lump in the breast may mean cancer, for instance, but many still delay excessively) raises difficulties for health education on this topic. The mass-media, which are best suited for conveying facts to the general public, have only a limited usefulness in this field, and the form of health education most likely to be fruitful is that which depends on achieving personal contact with individuals under circumstances where they may feel free to ask questions about cancer and have any needless fears allayed. The Manchester Regional Committee on Cancer continued to offer the services of its panel of speakers—most of whom are medically qualified specialists—to voluntary groups and societies in the City, and to people at their places of work. In all, talks and discussions were arranged with over one-hundred and thirty groups during the year. Moreover since doctors and nurses have a vital part to play in this work we welcomed the opportunity to lecture to medical students as well as to groups of nurses and health visitors employed by the City Corporation. As well as speaking to many groups of women about cervical cytology, the Committee was glad to co-operate with the Medical Officer of Health in his vigorous programme on this subject, to the extent of lending a display which attracted considerable attention in some of the City’s clinics and stimulated some hitherto-resistant women to request a cervical smear. The Committee’s leaflet on cervical cytology in pictorial form, intended for the woman who is more used to this type of reading matter, was produced to supplement the existing leaflet, and both leaflets were used extensively in the City in connection with the cytology programme.

In concluding this short report on the Committee’s activities in Manchester during 1968, it is fitting to record the sorrow of all at the sudden death of Mr. C. W. Wilkinson of the Health Department who had acted as Honorary Secretary for many years; and the Committee’s regret at the

retirement of Dr. C. Metcalfe Brown as Chairman, whose wise counsel cannot but be missed. However, members welcomed the acceptance by Dr. E. C. Easson of the Chair in place of Dr. Brown, and are most gratified that the long association with the City remains unbroken in view of the appointment of Mr. D. Gregory as Honorary Secretary and the acceptance by Dr. Kennedy Campbell of an invitation to serve on the Committee."

Ambulance and Transport Service

There was a slight decrease in the demand for ambulance transport, the 302,106 patients conveyed by the ambulance service being 142 less than in the previous year. The number of patients conveyed by the hospital car service was also less than in the previous year.

Fifty-four two-stretcher ambulances and twenty-two one-stretcher dual-purpose vehicles were in service at the end of the year.

Operational Record

Ambulance service		1968		1967	
		<i>Stretcher cases</i>	<i>Sitting cases</i>	<i>Stretcher cases</i>	<i>Sitting cases</i>
Patients carried—					
accidents		17,974	—	17,259	—
general		10,730	271,968	12,983	270,528
others		793	641	869	609
		<hr/>	<hr/>	<hr/>	<hr/>
		29,497	272,609	31,111	271,137
		(302,106)		(302,248)	
Total mileage—					
two-stretcher ambulances		736,751		716,172	
dual-purpose vehicles ..		316,816		340,551	
pool cars		591		2,450	
		<hr/>	<hr/>	<hr/>	<hr/>
		1,054,158		1,059,173	
Hospital car service					
Patients carried		25,558		28,565	
Mileage		161,788		171,908	

Train journeys

In appropriate cases the transport of patients by rail was arranged, with 719 cases carried, a decrease of 36 on the previous year.

Flying squad

The provision of ambulance transport for the emergency maternity flying squad and its equipment provided by St. Mary's Hospitals continued. The flying squad was conveyed by ambulance on 96 occasions and in 26 cases the patient subsequently was transferred to hospital in the same vehicle.

Staff

The approved establishment of operational staff remained unchanged and included 170 ambulance driver/attendants.

First-aid training continued at the main depot and one course was completed.

The initial training course for new entrants was extended from one week to two weeks, the instruction being given by a senior ambulance driver/attendant who had attended one of the experimental basic training courses organized by an adjoining county ambulance service. Because of financial restrictions it was not possible to second any other members of the ambulance service staff to such experimental courses.

All drivers employed in the Health Department on the 1st January of each year are entered for the National Safe-Driving award organized by the Royal Society for the Prevention of Accidents. One-hundred and twenty-three qualified for awards for 1967, including 108 ambulance drivers, and the presentation of the awards was made by the Chairman of the Health Committee—Alderman P. Buckley—at a function held in the Town Hall in September.

Hospital car service

Hospital car service volunteers recruited by the Women's Royal Voluntary Services continued to augment the ambulance service, particularly in the transport of walking cases to and from out-patient clinics and convalescent homes.

Civil defence

Consequent upon the Government's decision to place "Home Defence" on a "Care and Maintenance" basis, recruitment to the Ambulance Reserve was suspended and the training of members of the Ambulance Reserve already recruited ceased.

One Crown-owned training ambulance was purchased for conversion to a "major accident" vehicle and some stretchers, blankets and other items of ambulance and first-aid equipment have been retained for major accident purposes.

Municipal car pool

One limousine car and seven saloon cars were operated as a municipal car pool, being used by various committee members and officials and also to convey mentally retarded and other patients to hospital; these latter journeys are included in the ambulance service statistics. The operating mileage of 76,515 miles was 2,257 miles less than in 1967.

Commercial vehicles

Four vans operating full-time for the Health Department travelled 42,836 miles, of which 10,115 miles were incurred on disinfection service duties.

Disinfection and disinfestation service

A disinfection and disinfestation station is an integral part of the Monsall sub-depot, two steam disinfectors being available for clothing and bedding. In addition, a formalin chamber is used for articles which cannot be subjected to steam pressure. One of the commercial vehicles serves as a bedding van for the collection of infected bedding and clothing and is designed to facilitate rapid disinfection of its interior.

Immunization unit

The mobile immunization unit continued to be used for children whose parents were unable to use the service provided at child welfare centres. The operating mileage was 7,945 miles, compared with 7,889 miles in 1967.

Operating mileage

The total mileage operated by all sections of the ambulance and transport service in 1968 was 1,181,454.

Langho Colony

(Administered and maintained by the Manchester City Council, under the terms of Part III of the National Assistance Act, 1948)

On 31st December, 1968, there were 238 male and 209 female residents; of these, 129 were chargeable to the Corporation of Manchester, and 318 chargeable to other authorities. Throughout the year there have been requests for admission from Manchester and other parts of the country as far apart as Southampton, South Wales, the London area, the Midlands and various Northern Counties.

The following table of statistics refers to the residents in the colony during the year:—

	Males	Females	Totals
Admissions	34	10	44
Re-admissions	32	9	41
Discharges	60	20	80
Deaths	12	12	24

The total number of epileptic seizures was 10,510, classified as follows:—

	Severe	Slight	Total	Average per resident per year	Numbers of residents maintained
Males	3,893	2,950	6,843	33	238
Females	1,735	1,932	3,667	17	209
Totals	5,628	4,882	10,510	—	447

The care and treatment of those who suffer from epilepsy has continued, for the most part, along the same lines and by the same methods as in previous years. No new drugs have been introduced, but one has to be constantly on guard against any long-term toxic effects which may in some cases accompany anti-epileptic treatment; amongst such phenomena are excessive sedation, unusual cerebellar and extra-pyramidal features, and the anaemias associated with folic acid and vitamin B.12 deficiencies.

The general health of the residents has remained extremely satisfactory. Of equal importance to the treatment of epilepsy is the treatment of any other associated diseases and disabilities together with the maintenance of a good standard of general well-being. This necessitates assistance with the many day-to-day problems of residents, often of a socio-domestic nature, but not infrequently connected with deeper-seated personality or behaviour disorders.

Dr. E. M. R. Critchley, M.R.C.P., the Area Consultant Neurologist for the Manchester Regional Hospital Board, has been appointed visiting Neurologist. Dr. Critchley visits the colony regularly and specialised investigations are carried out at Preston Royal Infirmary. An optician and a chiropodist visit weekly and dental treatment is arranged locally.

The Occupational Therapy Department continued to find employment for approximately 100 residents daily; this type of occupation greatly assists in increasing residents' confidence in themselves and helps them to overcome their handicaps. Amongst the various activities of the department were the manufacture of Christmas crackers, making-up and packing craft materials, embroidery and plain sewing, basket work, wire weaving and the production of household furniture, cupboards, school-type desks, coffee tables and children's chairs.

The evening centre, established by the Local Education Authority, has proved a great asset to colony life. There are 31 classes with approximately 300 attendances per week; the subjects taught include upholstery, beauty culture, woodwork, women's crafts, art and civics which vary from reading and writing to training for rehabilitation into life in the community. The colony cricket teams had quite a successful year and the residents' football team won the Manchester and District Hospitals Patients' Football League Cup in the season 1967-1968. Each member of the team was presented with a medal and a photograph.

The usual full programme of entertainments and other activities was carried out. The annual gala, attended by the Chairman and members of the Residential Homes Sub-Committee and their guests, was a great success, and arrangements were made for 270 residents to attend the pantomime "Cinderella" at the Palace Theatre, Manchester, followed by tea in Bolton. Visits were made to a concert at Brockhall Hospital, Langho, and to a Christmas Revue "Hollyolympics" at Calderstones Hospital, Whalley. Also, 140 residents had a week's holiday in Blackpool during the summer months and, in addition, there were the usual weekly films, dances and club nights.

During the past twelve months, the Ranger Company of Girl Guides have taken part in sports days along with the company of an adjoining hospital, and a special outing into the Ribble Valley was promoted by the Blackburn Trefoil Guild branch of the girl guide movement; this was, of course, very greatly enjoyed. The older girls of the Trefoil Guild are definitely showing that they can be of service to people outside Langho, e.g. knitting squares for blankets for Oxfam and other organisations.

With regret is reported the death of the Rt. Reverend Monsignor Thomas Duggan, who was the Roman Catholic Chaplain to the colony. Father Duggan's sudden passing saddened all the staff.

There have been the usual number of staff changes, including Mr. David C. Thomas, who retired as the Resident Engineer after 29 years' service with the colony. Mr. Reginald J. Higson (who was Mr. Thomas' deputy) was promoted to the post of Resident Engineer. Mr. Douglas McWalker, S.R.N., Head Male Attendant, resigned to take up a post in the Department of Psychological Medicine at Queen's Park Hospital, Blackburn. Mrs. Catherine Medlock, Kitchen Superintendent, and Mr. John Tyldesley, Charge Attendant, unfortunately had to retire from the service through ill-health.

A major improvement was the installation of a new electrical fire alarm system, with break-glass operating points sited through the colony.

The farms, once again, had a most successful year, and the high standard of farming practice has been maintained. Under the National Farmers' Union Relief Scheme, following the severe and widespread outbreak of foot and mouth disease, 30 of our best cattle, mostly in-calf heifers and stirks and three gilts were sold to Cheshire farmers.

The Medical Superintendent again expresses his thanks to all members of the staff for their support during 1968, and to the members of the Residential Homes Sub-Committee for their unfailing courtesy.

Dr. Garrett Memorial Home

The picturesque and delightful surroundings of the River Conway, the sea, mountains and woodlands, together with good climatic conditions, provide an excellent environment for convalescence.

During the summer months accommodation is provided for 135 children between the ages of two and fifteen, In winter, since the 32 two-bedded outdoor chalets are unsuitable for use during this period, only 65 to 70 children can be maintained. Weekly admissions averaged 20 to 22 in the summer months. Winter admissions varied according to the number of children discharged.

Children are recommended for convalescence by the school health service, maternity and child welfare centres and general medical practitioners. Weekly transportation is by chartered coach.

In 1968, to enable more children to enjoy the facilities of the home, the duration of convalescence was reduced from six weeks to four weeks. Subsequently, compared with 1967, total admissions increased by 167.

The bright summer months were spent completely outdoors, sports days and cricket being the main feature for boys, the girls enjoying organised walks and daily visits to one of the many beaches within close proximity to the home. During inclement weather indoor pastimes consisted of simple handicraft instruction, musical games and dancing, drawing and painting, card and dice games. Weekly cinema and daily television shows were arranged under the direction of the senior warden.

Statistics of admissions and discharges and of nursing care provided are given in the following tables:—

Admissions

Type of case	1968 Number of cases	1967 Number of cases
Admissions	979	814
Re-admissions from hospitals	2	nil
Totals	981	814

Discharges

Type of case	1968 Number of cases	1967 Number of cases
“fit”	957	814
“improved”	11	8
“to hospital”	3	nil
Totals	971	822

Nursing care required

Illness	Cases	
	1968	1967
Acute upper respiratory infection	35	58
Acute sore throat	28	53
Otitis media	9	9
Bronchitis	Nil	13
Common infectious diseases	35	28
Influenza	Nil	3
Minor ailments and injuries	6	4
Virus infections	3	2
Haemolytic streptococcal carriers	31	—
Other conditions	44	28
All types	191	198

The maximum number of children maintained was 115 and the minimum 49, compared with 117 and 57 respectively last year, giving an average of 81 compared with 80 last year. Thirty-nine children were taken home prior to the normal discharge date, compared with fifty-one last year; absences without permission occurred on nine occasions compared with five last year.

Recruitment of resident nursing staff does not improve and students on vacation were again engaged to supplement vacancies, thus enabling more children to be maintained.

The local Mayor and Mayoress and the Town Clerk and his wife visited the home on December 24th and presented each child with a new two shilling piece. Numerous gifts by local residents and societies were distributed on Christmas Day and brought untold delight to the children in residence.

Municipal Hostels

Women's Ashton House, Corporation Street, Ancoats.

Men's Walton House, Harrison Street, Ancoats.

The municipal hostels are registered common lodging houses, providing accommodation, in separate cubicles, for 193 women in Ashton House and 452 men in Walton House. The average nightly occupancy for the year was 91 and 357 respectively, which is similar to the previous year.

Each cubicle is furnished with a comfortable bed, a bedside chair, clothes hooks and, in the women's hostel, mirrors and bedside mats. Except for night workers, residents are not allowed in the cubicles between 8-30 a.m. and 7 p.m., but have access to all other amenities including the use of the kitchens, dining rooms, smoke rooms furnished with easy chairs and a television set, reading rooms, laundries, baths and lavatories. Cooking utensils are provided free of charge and wardrobe lockers are available for personal belongings. Cooked meals may be obtained at moderate charges and, for those who prefer to prepare their own meals, a varied selection of groceries may be purchased.

Charges for accommodation are:—

Ashton House—rent of cubicle 6s. per night or £2 0s. 6d. weekly.

Walton House—rent of cubicle 6s. 6d. per night or £2 4s. weekly.

These charges include baths (soap and towel provided), free use of lockers and early calling of residents upon request.

Nursing Homes and Agencies

The nursing homes in the City which had been exempted from registration under section 192 of the Public Health Act, 1936, have been required, since 15th May, 1964, to be registered with the appropriate local authority in accordance with The Conduct of Nursing Homes Regulations, 1963. Details of the eight registered nursing homes are as follows:—

<i>Names, addresses and principal officers</i>	<i>Purpose of registration</i>
The Salvation Army, The Crossley Hospital, 13-15, Merrill Street, Ancoats, Manchester 4. (061-273 3606) (Matron—Major Joyce L. Jones, S.R.N., S.C.M.)	22 maternity patients.
Manchester and Salford Methodist Mission, Lorna Lodge Maternity Home, 133, Barlow Moor Road, West Didsbury, Manchester 20. (061-445 5219) (Matron—Miss B. J. Hickson, S.R.N., S.C.M.)	5 maternity patients.
The Manchester and District School for Jewish Handicapped Children, Laski House, Smedley Lane, Cheetham, Manchester 8. (061-205 1920)	15 mentally handicapped children.
St. Joseph's Hospital, Carlton Road, Whalley Range, Manchester 16. (Mother Superior) (061-226 2231)	140 medical and surgical patients
Manchester Jewish Homes for the Aged, 208, Cheetham Hill Road, Manchester 8. (061-834 3892) (Administrative Director—H. Lewis Berg, B.A., LL.B., F.H.A.) (Sister-in-charge—Mrs. B. M. Smith, S.R.N.)	100 medical patients.
Stonecroft Recovery Home, Parkfield Road, Didsbury, Manchester 20. (061-445 2972) (Matron—Miss H. D. Lyon, S.R.N.)	12 convalescent patients.
Philip Godlee Lodge, 842, Wilmslow Road, Didsbury, Manchester 20. (061-445 3183) (Matron—Miss H. A. Biddulph, S.R.N.)	26 elderly and infirm convalescent patients.
The Alexian Brothers' Nursing Home, 171, St. Mary's Road, Moston, Manchester 10. (FAI 1929) (Brother Superior Anthony)	84 medical patients.

Inspection of the homes has been carried out by a senior medical officer and a public health inspector and advice has been available whenever required.

One application for a nursing agency licence and one for the renewal of licence, as required by section 2 of the Nursing Agencies Act, 1957, were approved by the City Council.

Nursing Services Division

Health Visiting

The implementation of the recommendations of the Seebohm Committee depends on so many imponderables—sufficient resources, training of personnel, costly research and, above all, time—that the end envisaged must be, in the nature of things, in a future that is more remote than immediate.

In the meantime the health visitor—who incidentally, will continue, according to Seebohm, to function under the aegis of the Health Department,—continues to find herself in a somewhat unenviable situation. In the course of fulfilling her statutory duty, which is to visit all families with children in her area, she is increasingly called upon to supply for social workers who are themselves overworked and limited in number. She is, whether she likes it or not, becoming more and more identified with total family care and not simply and exclusively with those facets of it which should be her particular responsibility.

Since she is thoroughly trained, it is not her competency that is here in question. What is objected to is that her already over-heavy case load is made even more burdensome by the addition of duties which are, in reality, outside of her province. This state of things can be remedied only by that increase in the ranks of the social workers so much recommended in the Seebohm report. It should be borne in mind that the health visitors themselves are at present numerically below strength and it is overstraining unfairly the resources available to expect them to deal with matters which are not their direct or chief responsibility.

The amalgamation of the nursing staffs of the health visiting and school health service inaugurated by this authority in 1966 and implemented in 1967 was certainly a practical step towards the diminution of the fragmentation of health services. Health visitors have attended teaching courses to assist them in work in schools and, although this scheme is as yet in an embryonic state, the benefits of it are already clearly recognisable.

Another aspect of health visiting work which is steadily gaining greater appreciation is general practitioner liaison. Doctors are coming to realise more and more how valuable is the assistance that can be rendered by a resident health visitor at a health centre, and consequently this type of co-operation is much in demand.

Unfortunately, as has already been pointed out, the number of health visitors is not commensurate with the ever-increasing needs of the community, with the result that there is great strain placed on the available staff. An increase in personnel is what is needed above all else to lighten the burden on an over-taxed branch of the health services.

In the light of what has been said it is rather disheartening to have to report that during the year there were 14 resignations from the full-time health visiting staff and four retirements, with only eleven health visitors appointed to fill the eighteen vacancies.

Ten school nurse/clinic nurses resigned their posts and two retired and there were 17 new appointments. Two full-time school nurses applied for part-time employment.

Two health visitors on the part-time staff resigned and three were appointed. One part-time school nurse resigned and two were appointed.

A health visitor, who had been assisting the Principal Tutor in the training school for health visitors, resigned to take up a teaching appointment at Edinburgh University. She was succeeded by a health visitor who returned to the staff on completion of her tutor training.

An assistant tutor also resigned and her post was filled by a qualified tutor.

A member of the health visiting staff was released to attend Bolton Teacher Training College.

It will be appreciated that the above data demonstrate a staff turnover that, because of its changing character, militates against continuity, and continuity is essential for the fully efficient running of a department. Since almost half the staff are young married women, the difficulty would seem to be unsurmountable, for, with one exception, all those who resigned their posts did so for domestic and personal reasons.

The approved establishment of the amalgamated staff in the health visiting section and the numbers employed at the end of the year were as follows:—

	<i>Approved establishment</i>	<i>Employed (approximate wholetime equivalent)</i>
Administrative staff	2	2
Tutors	3	3
Welfare officer	1	1
Group advisers	7	5
Health visitors in charge of centres	19	19
Health visitors	85	69
Health visitors (part-time)	—	7
School nurses/clinic nurses	90	62
School nurses/clinic nurses (part-time)	—	6.8
Monsall clinic sister	1	—
Staff first-aid sister	1	1

In-service training

The theme of the 29th Annual Refresher Course held in April for health visitors, school nurses and others engaged in health education was “The future relationship between the medical and social services.” Representatives from 18 local authorities, together with staff from all sections of the Health Department, attended the lectures and found them both interesting and thought provoking.

Conferences and post-graduate courses

Organization	Place	Title	Duration of course	Numbers attending
Royal College of Nursing	London	Course for Fieldwork Instructors	12 days	2 health visitors
Health Visitors' Association	Southlands College, Wimbledon	Teaching Course	12 days	2 health visitors
Health Visitors' Association	Southlands College, Wimbledon	Refresher Course for School Nurses	12 days	2 school nurses
Health Visitors' Association	Oxford	Social Advice A Service	14 days	1 health visitor
Health Visitors' Association	Cambridge	The anti-health effects of modern living	15 days	2 health visitors
Lancashire County Council Education Committee	Stretford Technical College, Manchester	Principles and Practice of teaching for Health Visitors	Non-residential 25th September ($\frac{1}{2}$ day per week) to 13th November	6 health visitors

Prevention of accidents

Accidents, for the most part, are a consequence of human fallibility, and only in very rare cases can they be said to be truly accidental. Certainly, where young children are involved, lack of supervision, lack of forethought, and neglect of preventive measures can all be clearly recognized as contributory causes.

The most painful, and perhaps the most common, are those arising from burns and scalds. In the home these are most frequently caused through the absence or removal of a fireguard. Outside the home, children have been known to suffer petrol burns through setting alight stationary or derelict vehicles.

Firework injuries, although they tend to occur at a particular period of the year, fall into this category. They are entirely preventable, or would be if the existing legislation, plus a stricter degree of parental control, were observed. As the Law stands, the sale of fireworks to a child under thirteen is illegal, but this legislation is openly flaunted. The chief victims are boys in the 8-14 age group, who carry them in their pockets and indulge in dangerous horse-play. Younger children too, are frequently injured by fireworks which get out of control.

Accidental poisoning puts a large number of children in hospital for a minimum of 24 hours every year. The commonest cause of poisoning is the eating of aspirin, mainly of the junior variety. The Pharmaceutical Society is currently trying to persuade manufacturers to pack these in smaller quantities and to use stronger containers. There are excellent child-proof tablet containers and medicine cupboards obtainable but they are at present relatively expensive. Most chemists warn their customers by means of labels of the danger to young children, but these warnings are too often rendered useless through human carelessness.

Windows too easily opened, staircases, rugs and objects on the floor, cause falls which add to the yearly quota of injuries. Older children fall from trees, from bicycles and get bumped in play-grounds. These latter are difficult to prevent but falls in the home are often due to lack of precautionary measures or foresight on the part of the parents.

What then should the health visitor do to prevent accidents in the home or its immediate vicinity? It is easy and dangerous to assume that the health visitors always teach accident prevention in the course of their home visits, because dangerous situations may not be apparent at the time, and even the obvious warning about fireguards may not be well received. Many fireguards are replaced at the health visitors request, only to be removed when she departs. It is easy to put up posters in the clinics, and to give talks, but, on the whole, the parents who attend are not the ones whose children are at risk.

Accident prevention is really a matter for the public at large and they can only be reached through extensive propaganda. There should be posters in work places, libraries—anywhere where the public can see them. A travelling exhibition would be an attraction and immensely helpful, especially in areas where children are at risk, e.g. where there are inadequate play facilities and substandard homes.

Immigrant committees must be educated in this matter of accident prevention so that they may be aware of the danger. There are leaflets in several Asian languages on the dangers of oil heaters but leaflets are not enough, for many of these people are illiterate and, like their English counterparts, the less intelligent they are the less likely they are to recognise the danger.

One of the group advisers has continued to attend meetings of the Lancashire and Cheshire Regional Home-Safety Council. Discussions at these meetings cover a wide range of hazards, some outside the scope of the health visitor, e.g. colour coding of electrical fittings, old wiring in old properties and so on. A great deal is done, of course, by the Home Office and other interested bodies to remove or legislate against dangerous appliances, chemicals and many other things, but ultimately safety is a personal responsibility and it is impossible to legislate against carelessness. Education on the widest possible scale is the best solution.

Prevention of break-up of families

There are many factors leading to the break-up of families. Low intelligence, ill-health and poverty are but a few, and the resulting separation of parents and children often causes irreparable damage.

The importance of preventive work has been recognized but the number of children received into the care of the local authority is an indication of the enormity of the task.

In order to ensure that every effort is made to assist families who are "at risk" of breaking up, the Children's Department hold co-ordinating meetings at which representatives of statutory and voluntary organizations discuss how best these families may be helped.

Thirty meetings were held and the circumstances of 65 families were discussed, including 42 cases brought forward from the previous year. Of 35 new cases 29 were known to health visitors.

It should be noted that these statistics record only the number of cases discussed at the meetings of the co-ordinating committee. The number of families visited is naturally much in excess of this.

It has been observed by health visitors that the monthly discussions themselves tend to be less practical and helpful than the smaller, special co-ordinating meetings where only the people directly involved are present, and the problems of one particular family are discussed. By this method time and energy are saved, the activities of the different departments better co-ordinated, and the result is that the family concerned stands a better chance of receiving the help needed.

The health visitor is usually the one best informed about the needs of problem families with children in her area, but it should be stressed that her primary concern is the health of the family and she should be able to hand over problems of a social or economic nature to the relevant departments with the expectation of their full and ready co-operation.

One of the most common causes today leading to break-up is the upheaval brought about by the rehousing of families following on the demolition of certain areas of the City. This places a strain on many families for, in point of fact, they find themselves faced with nothing less than a new way of life. All the former props have gone, and they have to deal with problems—mostly financial—that scarcely existed before, higher rents, heating expenses, hire purchase commitments and the rest. An understanding and sympathetic approach by the authorities most directly involved can help considerably in smoothing out some of the difficulties. It is particularly important that families with low incomes should be made aware of the benefits available to them.

One of the major obstacles confronting the health visitor as a direct result of this mass exodus is the loss of contact with families previously on her area. Here too, the prompt co-operation of other departments would obviate a great deal of time wasted in frustrating enquiry in the follow-up of cases.

It can be stated that there have been many instances where the health visitor, in co-operation with others, notably the Family Service Unit, has been instrumental in holding families together by bringing about reconciliation between husband and wife, arranging for hospital treatment and consequent convalescence of neglected children, advising wives and mothers on the economics of running a home, and seeing to the improvement of neglected property.

Liaison with hospitals

There are eleven hospitals in the City which avail themselves of the services of liaison health visitors. Visits paid to hospitals vary from three a week in some instances to one a week in others. The advantages of this type of liaison whereby the health visitor serves, as it were, the function of a connecting link between hospitals and area health visitors, are becoming increasingly apparent and the system itself now forms an important part of the framework of the health service.

The liaison health visitor is able to help the hospital staff in a variety of ways. By contacting area health visitors she can, for example, be instrumental in the tracing of babies who have failed to attend follow-up clinics and mothers who have neglected to attend the ante-natal clinic. Information relative to the home background of patients in hospital and social problems concerning them—matters which are of great importance in treatment—can be provided by her through the area health visitor.

At the same time she is aware of the treatment received by the patient whilst in hospital and is able to advise the relevant district health visitor of the necessary follow-up treatment. This can vary from advice on diets for diabetics to arranging help and support for geriatrics.

The successful carrying out of this type of liaison depends entirely on the co-operation of all the parties involved and it is encouraging to be able to report the complete unanimity of purpose and effort by all concerned.

Liaison with health visitors is established at the following hospitals:—

St. Mary's Hospital, department of child health.
Booth Hall Hospital (children).
Duchess of York Hospital (children).
Manchester Royal Infirmary, diabetic clinic.
Chest clinics at Denmark Road and Baguley Hospital.
Crumpsall Hospital, maternity and geriatric units.
Withington Hospital maternity unit.
Wythenshawe Hospital, maternity.
Pendlebury Children's Hospital, Gartside Street clinic.
St. Luke's clinic (venereal diseases).
Monsall Hospital (infectious diseases).

Hospital student nurses

Student nurses had the opportunity during the year of acquainting themselves with the practical, as well as the theoretical side of health visiting.

Lectures were given by health visitors to student nurses at the various hospitals and visits were organized to school clinics and child welfare centres. These were followed by home visits thus providing them with experience helpful to an understanding of the social aspects of disease.

Liaison with voluntary organizations

Health visitors acknowledge and appreciate the great assistance they receive from voluntary organizations.

Close liaison between the professional and the voluntary is established through a volunteer bureau, thus providing the optimum co-operation and understanding with very beneficial results.

Liaison with general practitioners

The concept of health visitor liaison with general practitioners is a very practical one. Its usefulness to both doctor and health visitor has already been demonstrated and the benefit to patients is evident. The ideal, however, cannot be realized only in the context of the original project: that is when certain fundamental conditions are fulfilled.

The first of these is that the case load of the health visitor should approximate as nearly as possible to the doctor's panel. If the health visitor has a caseload related to a definite area, which does not correspond to the panel, she can find herself acting simply as a referral agent. Although this is not by any means the ideal situation envisaged, since it entails a high degree of frustration and time wasting, it can nevertheless be productive of positive beneficial results.

Again the system will not work successfully if there is not true co-operation between doctors and health visitors. An individualistic approach can ruin the scheme for all.

The intrinsic value of this type of liaison is widely recognized and has led to a greater demand from doctors for the services of health visitors. Unfortunately the supply of health visiting personnel does not allow of any great development. Some progress has been made however and at present there are 20 liaison health visitors working with 39 doctors in different areas of the City.

Co-operation with the school health service

The amalgamation of health visitors with school nurses has naturally led to a more practical co-operation between the two services. This in turn has been instrumental in ensuring a more co-ordinated continuity of care for all children visited.

The health visiting record of every child attaining school age known to be suffering from a medical defect, to have an unsatisfactory family history, or unsatisfactory home conditions is sent to the school health service following the final visit of the health visitor.

A total of 543 records were forwarded, classified as follows:—

Unsatisfactory condition in child	..	..	..	..	296
Unsatisfactory condition in family	..	..	..	..	26
History of tuberculosis in child	..	..	..	..	2
History of tuberculosis in family	..	..	..	..	219
History of rheumatism in child	..	..	..	..	—
History of rheumatism in family	..	..	..	..	—
Total	..	..			543

Notification of births, 1968

The total number of notifications adjusted by transfer was 11,002 comprising 10,823 live births and 179 stillbirths.

Total registered births number 10,909 (10,736 live births and 173 stillbirths).

Care of aged and infirm persons

The needs of the elderly vary considerably from area to area and are the result not only of the ills consequent on old age but also of such factors as rehousing and bereavement which lead to the commonest complaint of all—loneliness.

The health visitor is able to advise and help in those matters which relate to health, such as diet, exercise and mental stimulation, all of which can help to postpone, if they cannot altogether prevent, deterioration. She is also conversant with all available agencies which cater for the old and can call upon them when necessary.

The greatest obstacle which has to be overcome in the care of these people is not so much that of caring for them as of contacting them in order to provide the required treatment. The health visitor comes across many cases in the course of routine visits to families, and efforts are made by means of posters which clearly advertise the help available, and by other means, to enlist the aid of the public so that they might bring to the notice of health visitors any elderly people in need of care and assistance.

Another difficulty that has to be met is the spirit of independence so characteristic of the old. They object strongly to change of any kind no matter how well intentioned it might be. This is particularly so when it is a question of necessary rehousing when they are reluctant to leave their own environment. In cases where hospital treatment or institutional care are essential great patience and kindly persuasion are necessary in order to encourage them to accept what is in their best interests.

Compulsory removal of old people is always distasteful but it proved necessary in two instances in the last year.

There were 372 new patients referred to the department and 10,494 visits made by the health visitors compared with 476 and 11,646 respectively in 1967.

The following statistics include comparable data from 1967:—

	1968	1967
Voluntary admissions to hospital..	163	184
Admitted to nursing homes	10	9
Transferred to:—		
Welfare Services Department ..	87	109
Other services	66	29
Died at home	141	180
Removed to care of relatives ...	10	10
Compulsory removal under the		
National Assistance Acts	2	1
No further action necessary	28	65
No trace	16	22
Removed outside Manchester area	26	39
Carried forward	1,564	1,741
Total cases dealt with	2,113	2,389
Total visits	10,494	11,646

Training course for health visitors

Students enrolled on course September 1967–September 1968	35
Students who completed their course of training	34
Students who withdrew	1
Candidates successful in the final examination	30
referred in written papers for 3 months	3
referred in oral examination for 12 months	1
Candidates successful in referral examinations	1
failed	2
Candidates referred from 1966–67 course	4
successful in referral papers	2
successful in oral examination	1
failed referral paper	1
Students enrolled September 1968	39

The third year of training organised within the new syllabus has now been completed. The external examiners appointed for this period have been extremely helpful in the constructive comments they have made with regard to the adequacy of the student's preparation for their profession. In the light of their comments and the experience of students and staff at this and other centres, the newly appointed examiners decided to review the examination pattern. For students undertaking training during 1968–69, it is proposed to devote a whole examination paper to "social aspects of disease" and to hold the oral examination in "principles and practice of health visiting" at the end of the period of supervised practice.

This should enable the student to gain more experience of fieldwork before the examination. Students should also benefit by being able to commence their period of supervised practice earlier, i.e. in June. Health visitors supervising this practice period will be able to arrange for students to have experience of work in schools before the midsummer vacation; this will minimise some of the difficulties outlined in my report for 1967. These proposals have been submitted to the Council for the Training of Health Visitors and their comments are expected early in 1969.



Trees Street, M. & C. W. Centre, main entrance and car park.



Trees Street, M. & C. W. Centre, central staircase.

A modification of emphasis has also been introduced in the lecture programme. Most of the training of the health visitor in the past was geared to her work within the administrative framework of the local health authority. Recent advances in liaison and attachment schemes are proving successful and it is likely that health visitors will work more closely with general medical practitioners in the future. In co-operation with the recently appointed Senior Lecturer in General Practice at the University, a series of lecture/discussions has been introduced and it is hoped that further development of this pattern will take place in the future. Early detection of ill-health, surveillance of high risk groups and care and after-care of those suffering from illness are aspects of the health visitor's work in which further developments are probable. Preparation for these skills should be included in her training.

Approval was granted by the Training Council, for the College of Commerce to organise a course of preparation for fieldwork instructors. This will be a joint enterprise between the University of Manchester community nurse training course and the College, and will be held in 1969.

Initial courses concentrated upon bringing practising health visitors up-to-date with the new syllabus, whereas our present aim will be to prepare fieldwork instructors for their teaching role, with particular emphasis on teaching adult students practical health visiting skills.

Care of Mothers and Young Children

Welfare centres

No new purpose-built premises were erected during the year but due to the redevelopment of part of the Cheetham ward of the City it became necessary to transfer the Cheetham maternity and child welfare centre to alternative accommodation provided at the Cheetham school clinic. Previously this centre had been housed in rented converted domestic type premises.

Plans were completed for the erection of a purpose-built combined clinic in Hulme, construction of which it is anticipated will commence in 1969, and for a purpose-built health centre, incorporating accommodation for seven general medical practitioners, in the Brunswick Redevelopment Area.

Clinics

Weekly clinics were held in the maternity and child welfare centres as follows:—

Infants	..	..	..	..	..	..	73
Toddlers	..	.....	..	..			28
Ante-natal	..	..	..	..	..		30

Medical officers were in attendance at all the above clinics, with the exception of 13 infant sessions and 22 ante-natal sessions which were taken by health visitors and midwives respectively.

At all the ante-natal clinics not attended by a medical officer, midwives continued the practice of taking blood specimens from patients when necessary.

Physiotherapy

The decline in the number of children attending for physiotherapy continued as also did the number of children attending for artificial sunlight.

It is generally accepted that doctors are now referring patients requiring physiotherapy to hospital centres where they are under the direct supervision of a medical consultant.

With regard to artificial sunlight treatment, as the redevelopment of the City continues apace with the resultant improvement in the environmental conditions of the people rehoused, and, as dietetic standards are also generally improved, so does the requisite need for artificial sunlight treatment diminish.

Relaxation classes continued to be held at selected centres throughout the City, twenty-two being held weekly, each class supervised by a midwife.

Domestic science classes

The practice of holding cookery and sewing classes at various child welfare centres under the guidance of trained teachers, was continued although, due to the resignation of two cookery teachers during the year, the number of classes held was reduced to one cookery and eight sewing classes weekly.

However, at the centres where these sessions were held regularly they proved to be most useful and instructive and there is no doubt that they were very much appreciated by all concerned.

At the end of the year one sewing teacher and one cookery teacher were employed on a part-time basis.

Attendances

Attendances during 1968 with comparable figures for 1967 are given below:—

	1968	1967
Ante-natal sessions		
New cases	2,445	3,352
All cases	3,497	4,499
Attendances	16,513	21,604
Post-natal sessions		
Cases	13	12
Attendances	13	12
Relaxation and mothercraft classes		
Attendances	1,584	1,847

There was again a fall in the number of attendances at the ante-natal clinics, with a corresponding reduction in the numbers attending relaxation and mothercraft classes. This was attributed, in the main, to the lower number of births within the City and a reduction in the number of home deliveries.

Physiotherapy	1968	1967
Attendances	214	226
Artificial sunlight		
New cases (children) ..	3	17
All cases	8	38
All treatments	57	285
Infant and toddler sessions		
Under 1 year	78,080	80,783
1-2 years 14,430 }		13,971 }
2-3 years 7,198 }		6,833 }
3-4 years 4,243 }	28,247	4,148 }
4-5 years 2,376 }		2,215 }
	106,327	107,950

An analysis of the attendances at the infant and toddler sessions is given in the following table:—

Centre	No. of children on register at end of year			No. of attendances during the year		
	Under			Under		
	1 year	1-2 years	2-5 years	1 year	1-2 years	2-5 years
Abbey Hey	400	296	308	4,604	702	637
Ancoats	118	65	53	1,180	196	193
Ardwick	102	87	63	1,054	147	135
Baguley	194	153	240	2,312	623	763
Burnage	145	163	230	2,368	661	531
Charlestown Road	233	241	335	2,360	366	497
Cheetham	144	199	226	1,437	284	322
Chorlton-on-Medlock	10	24	10	135	51	29
Chorlton-cum-Hardy	463	344	346	4,818	725	540
Clayton	188	120	167	1,762	345	421
Collyhurst	336	67	57	1,711	395	306
Crumpsall	457	416	523	5,493	931	687
Darbishire House	374	285	230	3,105	674	368
Didsbury	260	215	329	4,122	872	1,094
Gorton	365	313	414	3,778	588	624
Harpurhey	399	231	263	4,441	853	560
Holy Name	27	23	29	229	82	108
Hulme	47	29	46	335	104	91
Levenshulme	483	371	494	5,504	1,139	944
Moss Side	534	410	381	5,635	932	670
Newton Heath	261	174	229	2,945	371	505
Northenden	127	107	150	1,534	317	401
Northern Moor	153	149	258	1,570	333	394
Openshaw	294	313	307	3,004	492	426
Plant Hill	168	134	228	2,653	541	512
Wilbraham	181	152	207	2,296	443	533
Withington	308	215	372	3,238	679	749
Woodhouse Park	314	302	385	4,457	584	777
Totals.. .. .	7,085	5,598	6,880	78,080	14,430	13,817

Minor ailments

Eighty-eight children under five years of age were referred by centre medical officers to the school medical service for the treatment of minor ailments. Reasons for referral were as follows:—

Defective vision	31
Other eye defects	1
Speech defect	22
Ear defect	4
Skin condition	21
Chiropody	9

Welfare foods

Welfare foods may be obtained at specified times at all the twenty-eight maternity and child health centres in the City. In addition, these facilities are provided at one of the maternity hospitals in the City and in the health clinic which is situated in the Town Hall extension.

National welfare foods may be obtained by anyone who presents the appropriate coupon and/or who is prepared to pay the appropriate cost. Proprietary foods are also available at slightly reduced cost to mothers who regularly attend the child health centres. These foods are issued on the recommendation of the medical officer at the clinic to necessitous cases where, in the opinion of the medical officer, a particular proprietary food is essential on medical grounds for a child; no charge is made.

During the past year, a survey of the free issue of proprietary milk foods showed that in the majority of cases issues had been authorised on socio/economic grounds, rather than strictly on medical grounds. In such cases families with low incomes were subsequently advised to apply to the Ministry of Social Security for the tokens to enable them to obtain free issues of national dried milk.

In 1968, the cost to the Corporation of free issues of proprietary foods was £45, as compared with £1,372 in 1967.

Issues of national welfare foods were as follows:—

<i>Period</i>	<i>National dried milk—tins/ packets</i>	<i>Cod liver oil —bottles</i>	<i>A. & D. vitamin tablets— packets</i>	<i>Orange juice —bottles</i>
1963	121,458	13,958	11,448	110,936
1964	110,365	12,569	9,660	102,563
1965	84,835	9,144	7,211	90,822
1966	68,643	9,738	6,303	90,285
1967	56,984	11,153	5,819	93,180
1968	37,969	7,958	5,109	82,170

Figures do not include issues to hospitals, day nurseries or non-maintained nursery schools.

Voluntary workers

Much appreciated voluntary assistance at maternity and child welfare centres was given by thirteen ladies who made 217 attendances.

Mothers' clubs

There are mothers' clubs at Baguley, Northenden, Woodhouse Park and Northern Moor. The organisers at these centres have shown a marked degree of industry and originality in compiling varied, attractive and instructive programmes.

Northern Moor catered for a small if enthusiastic membership. Recruitment of new members proved to be very difficult in spite of a stimulating programme. Here it would seem that the mothers in this district are opting for entertainment in preference to instruction.

Northenden, on the other hand, which is the longest established of the clubs, continued to flourish and the membership increased. Members take it upon themselves to welcome newcomers to the district, and invite them to join the club.

There are plans to re-establish, in 1969, a mothers' club in the North of the City at Trees Street centre.

Day nurseries

1968 was an outstanding year for the Manchester day nursery service.

Two new purpose-built nurseries were completed and occupied, at Winstanley Road, Miles Platting, in August and Mount Road, Gorton, in December. The construction of a third new day nursery at Poundswick Lane, Wythenshawe, was well advanced and is expected to be completed early in January, 1969. These new nurseries replace three war-time prefabricated buildings. Both children and staff were delighted with their spacious, airy surroundings and all the extra amenities provided.



Official visit of Mr. Crossman to Daisy Bank Road Day Nursery. 4th September, 1968.



Official opening of Winstanley Road Day Nursery. 17th October, 1968.

In October, a Public Health Nursing Officer and the Chief Architect from the Ministry of Health visited all the purpose-built day nurseries to review Manchester's progress in this field.

The Right Honourable Richard Crossman, O.B.E., M.P., then Lord President of the Council and Minister responsible for Co-ordination of the Social Services, visited Daisy Bank day nursery on 4th October, 1968.

A highlight of the year was the official opening of Winstanley Road day nursery on 17th October, 1968, by Alderman Mrs. Nellie Beer, O.B.E., J.P., Chairman of the Maternity and Child Welfare Sub-Committee, who unveiled a plaque and planted a tree to commemorate the occasion. Officials and guests were agreeably impressed with the nursery and the happy relationship evident between children and staff.

Although there were still 21 day nurseries administered by the Health Committee, the 1,002 places available were 12 fewer than in 1967, since the new nurseries each accommodate only 44 children, compared with 50 in the old buildings.

Attendances throughout the year were as follows (1967 in parenthesis):—

0-1 year	2-5 years	Total attendances	<i>Average daily attendance</i>
53,280 (55,225)	156,416 (150,917)	209,696 (206,142)	829 (815)

Waiting lists continued to increase. At the end of the year, twelve nurseries had waiting lists, five of which included priority children.

The daily charges remained at 12s. 0d. for non-priority cases and 4s. 0d. for priority cases.

One-hundred and eighty-four children admitted as priorities were granted free places. The resulting benefit to both children and parents was encouraging.

Five-hundred and thirty-seven medical cases were attending the nurseries at the end of the year. These were classified as follows:—

Mentally subnormal	..	..	..	73
Emotionally disturbed	..	..	..	189
Physically handicapped	..	..	..	151
Medical parental causes	..	..	..	124

One interesting case was that of a deaf two-year-old boy. The child's mother, who was of a nervous disposition and could not understand her son's handicap, was very impatient with him and failed to take him to the hospital for guidance sessions, with the result that the child became completely confused and frustrated and was very aggressive towards his three-year-old sister.

After the Consultant Aural Surgeon at the Royal Manchester Children's Hospital had requested a day nursery place for the sister, to enable the mother to give more time to the deaf boy, it was decided to admit both children to a day nursery.

On admission, the deaf boy appeared frightened and frustrated, communication was non-existent and he would not allow the staff to approach him in any way. It took him several weeks to settle down in the nursery, to become interested in his surroundings and to establish a relationship with the nursery staff.

He was next fitted with a hearing aid, which was worn in the day nursery for 15 minutes daily. After twelve months in the day nursery he showed response to certain low pitch sounds, enjoyed individual and group activities, joined in singing sessions with mouth and hand movements and appeared to be a more happy and contented child.

Another illuminating case was that of a two-year-old microcephalic girl admitted to a day nursery. She was the fourth child of a family of six children, three of whom have some physical handicap, and had been assessed as ineducable. At first she merely sat or stood around in the day nursery, completely unaware of the surrounding activities. She was unable to speak or feed herself, was not toilet trained and was unsteady on her feet. In the past twelve months this little girl has shown real progress and she is now able to speak a few words, can walk and run well, is able to feed herself, is toilet trained, has the play activity of the average two-and-a-half-year old child and she joins in the musical activities with finger and arm movements. While at first the parents were unable to accept their child's retardation, they now appreciate the progress that she has made in the nursery and are most co-operative.

Medical officers carried out their routine medical inspections and immunization programmes. The incidence of infectious disease in day nurseries throughout the year is shown in the following table:—

	1968	1967
Measles	147	180
Chicken-pox	68	77
Mumps	78	23
German measles	46	26
Scarlet fever	2	4
Whooping cough	6	27
Sonne dysentery	57	43

Sixteen Health Department sponsored students successfully completed the two-year training course for the Nursery Nurse Examination Board Certificate. On completion of their training, nine entered the day nursery service, three went into nursery schools, two accepted private posts, one applied for hospital training and one removed to the south of England.

In April, in the Kendal Suite, Belle Vue, Manchester, a study day was held for senior members of day nursery staff, and invitations were extended to the staff of neighbouring local authorities. The subjects for discussion were "Problem families and how the social services could assist in their support and rehabilitation" and "The changing pattern of day nursery work". This study day proved to be most instructive and interesting and was obviously appreciated by the 150 persons who attended.

Six day nursery matrons attended a study day in London and fifteen nursery nurses attended a one-week refresher course at the College of Nursery Training. For twenty-five junior nursery assistants, an in-service training course of six lectures was arranged with the co-operation of the day nursery staff.

Visitors to day nurseries for educational and observation purposes numbered 677.

Vandalism in day nurseries, though less frequent, (48 break-ins in 1968 compared with 75 in 1967) was still a major problem. Three young schoolboys who were responsible for repeated break-ins at one nursery, left a trail of chaos and destruction on each occasion. Twice the nursery was closed for a full day to enable the staff to clean and prepare the nursery for re-opening the following day.

Care of the unmarried mother

The Health Department continued to give assistance to expectant mothers and mothers with babies who were referred for specialised help.

Three health visitors, one of whom is designated Welfare Officer for unmarried mothers, were employed in this work, two working full-time and one part-time.

There were 1,870 illegitimate live births compared with 1,863 in 1967. The infant mortality rate for illegitimate children was 23·53 per thousand related live births compared with 25·76 in 1967.

There were 432 new referrals; of these, 247 were expectant mothers and 185 were mothers with children. In all, 498 mothers and 562 children were assisted, compared with 498 mothers and 690 children in 1967. Thirty-four of the 247 expectant mothers were pregnant when they came to reside in the City. Of the 247 expectant mothers, 33 were aged 15 to 16 years when they became pregnant, 8 were 14 to 15 years of age and one was aged 13 years and 5 months.

Referrals came from the following sources:—

Health visitors	97
General practitioners	68
Medical social workers	77
Self referred	58
Social workers	22
Children's Department	22
Midwives	11
Matron of Crossley Hospital	5
Health visitors' reports	60
Other sources	12
Total	432

The work of the section entailed the following number of visits and interviews:—

Office interviews	817
Home visits	407
Visits to hospitals	64
Interviews with health visitors and other social workers	237
Visits to Knowle House	72
Total	1,597

The classification of persons dealt with in the ante-natal period and the results of their confinements are as follows:—

Status of mother	Live births	Still-births	Miscarriage	Births pending	Parents married before birth of baby	Removals from Manchester	Totals
Single	170	2	6	46	1	17	242
Married	2	—	—	—	1	—	3
Widow	1	—	—	—	—	—	1
Divorcee	—	—	—	—	—	—	—
Totals	173	2	6	46	2	17	246

The classification of illegitimate children remaining with their mothers is as follows:—

Status of mother	In lodgings or absorbed into family	With mother and putative father	With mother and step-father	With mother and another man	With mother in Knowle House 31.12.68	Parents subsequently married	Removal from Manchester address known	No trace	Deaths	Totals
Single	353	27	—	5	4	5	15	9	3	421
Married	10	2	4	—	—	—	—	1	—	17
Widow	2	—	—	—	—	—	—	—	—	2
Divorcee	1	—	—	—	1	—	—	—	—	2
Totals	366	29	4	5	5	5	15	10	3	442

The classification of illegitimate children apart from their mothers is as follows:—

<i>Status of mother</i>	<i>With adopters</i>	<i>In the care of the Children's Committee</i>	<i>In residential nurseries (private)</i>	<i>With putative fathers</i>	<i>With relatives</i>	<i>With foster mothers</i>	<i>Totals</i>
Single	78	8	2	3	12	5	108
Married	5	1	1	—	2	—	9
Widow	1	—	—	—	—	—	1
Divorcee	2	—	—	—	—	—	2
Totals	86	9	3	3	14	5	120

The action taken by the staff involved intensive casework and various types of help was given.

Expectant mothers frequently required assistance to book a hospital bed and 49 were helped in this way.

Twenty-six mothers were assisted to find accommodation in the City and 12 were helped to find employment. Eighty-four mothers were given advice in connection with affiliation orders and 39 of these mothers were referred to solicitors for legal advice. One-hundred and ten mothers who requested help regarding adoption of their babies were referred to various adoption societies; 83 of these mothers were referred to the Manchester Children's Department and 27 to other societies.

Forty-four mothers were referred to the Ministry of Social Security for financial aid. Help was given to 77 mothers to obtain cots, prams, clothing and furniture.

Other duties included correspondence regarding adoption investigations, obtaining relevant information from health visitors' records and the instruction of various students regarding this aspect of the work of the department.

Mother and baby home, "Knowle House", Handforth

This home, provided by the Health Committee, has accommodation for 22 mothers and 16 babies. Ninety-four new cases were admitted; of these, 56 were expectant mothers, 33 were mothers with babies and 5 were recuperative mothers. Of the 56 expectant mothers admitted in the ante-natal period, 22 were re-admitted after the birth of their babies.

Accommodation in the home was provided for various reasons, chiefly by girls wishing to conceal their pregnancy, also by girls living alone in furnished accommodation.

Many girls found the period spent in Knowle House to be very helpful, giving accommodation and rehabilitation and also the time to come to a decision as to whether to have their babies adopted or not. Some mothers decided to keep their babies but 24 mothers wished to have their babies adopted.

Matron and her staff gave the mothers instruction in child care and housecraft and a physiotherapist visited once a week to supervise ante-natal and post-natal exercises.

A clinical medical officer from the Health Department visited Knowle House weekly to supervise the medical care of mothers and babies and to carry out the necessary examination of babies prior to adoption. The Administrative Medical Officer, Nursing Services, interviewed most of the patients before admission and visited Knowle House at frequent intervals to assist in problems relating to rehabilitation and after care. The Department is grateful to Dr. Watts, general practitioner in Handforth who, when required, provided general medical services.

During the year arrangements were made with Cheshire County Council for a teacher to visit the Home to give tuition to unmarried mothers under the age of 15 years. Two schoolgirls both aged 14 years received instruction which amounted to two hours daily, Monday to Friday inclusive, during their period of residence.

An outbreak of E-coli infection occurred in Knowle House in July and August. Two mothers and 5 babies were admitted to hospital for treatment. During this period all admissions were cancelled and Manchester patients requiring residential accommodation were admitted at the Corporation's expense to other residential homes in the City.

The Welfare Officer and her staff arranged the admissions and accompanied mothers with their babies to the Home.

Admissions and discharges were as follows:—

		Number in the home on 1st January 1968	Admissions (including re- admissions)	Discharges	Number in the home on 31st Decem- ber 1968
Babies	.. ..	5	66	66	5
Mothers	.. ..	5	61	61	5
Expectant mothers	..	7	63	67	3
Recuperating mothers	—	—	5	5	—

The following particulars show the arrangements made for the 66 babies discharged.

Babies remaining with mothers:—

to relatives	.. ..	7
to lodgings	.. ..	17
to hospital	.. ..	3

Babies apart from mothers:—

to adopters	.. ..	24
to foster mothers	.. ..	4
to care of Children's Department	.. ..	4
to hospital	.. ..	3

Babies with recuperating mothers 4

Dental care of mothers and young children

This service, provided by the school dental service, occupied the equivalent of one-and-a-half dental officers. All cases referred by medical officers, general practitioners and mothers seeking treatment for themselves or their children were inspected and comprehensive treatment was available for those desiring it.

Stretford Road clinic, containing two dental surgeries, had to be closed to facilitate the large-scale development of that part of the City. To accommodate the large number of school children, pre-school children and mothers, provision was made for a dental caravan, which was on site at the end of December and could be in use early in 1969.

The greatest demand for treatment came from areas of the City with only a few dentists in the general dental services in relation to the population. Treatment provided at the sixteen centres followed the trend of previous years. Arrangements were made for the provision, where clinically desirable, for mothers to have an intravenous anaesthesia administered by a consultant anaesthetist, for multiple extractions.

The tables that follow give details of the work done.

Dental Services For Expectant and Nursing Mothers and Children Under 6 Years

Part A. Attendances and treatment.

Number of visits for treatment during 1968

	Children 0-4 (incl.)	Expectant and nursing mothers
First visit	715	176
Subsequent visits	957	512
Total visits	1,672	688
Number of additional courses of treatment other than the first course commenced during year	24	16
Treatment provided during the year— number of fillings	964	428
Teeth filled	804	345
Teeth extracted	1,002	308
General anaesthetics given	378	56
Emergency visits by patients	86	15
Patients X-rayed	6	19
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	89	85
Teeth otherwise conserved	130	—
Teeth root filled	—	8
Number of courses of treatment completed during the year	582	173

Part B. Prosthetics

Patients supplied with full upper or full lower (first time)	44
Patients supplied with other dentures	31
Number of dentures supplied	112

Part C. Anaesthetics

General anaesthetics administered by dental officers	288
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Part D. Inspections

	Children 0-4 (incl.)	Expectant and nursing mothers
Number of patients given first inspections during year	771	173
Number of patients in A and D who required treatment	617	161
Number of patients in B and E who were offered treatment	616	161

Part E. Sessions

Number of dental officer sessions (i.e. equivalent
complete half days) devoted to maternity and
child welfare patients:

For treatment	746
For health education	25

Notification of congenital malformations apparent at birth

At the end of 1968 the total number of malformations present at birth was 185, of which 149 were live births and 36 stillbirths. Notification of these congenital malformations was made to the Ministry of Health and uniformity of terminology was ensured by using the Ministry's classification.

	0	1	2	3	4	5	6	7	8	9	Total
	Central nervous system	Eye, ear	Alimentary system	Heart and great vessels	Respiratory system	Urogenital system	Limbs	Other skeletal	Other systems	Other malformations	
Live births	33	1	27	—	—	8	75	10	20	8	182
Stillbirths	40	—	2	—	1	1	4	2	2	1	53
Total ..	73	1	29	—	1	9	79	12	22	9	235

The 235 cases classified above were in respect of 185 children, of whom 38 were born with more than one malformation.

Handicap register

A central register is kept of children suffering from continuing disabilities which are likely to interfere with growth and normal development. The purpose of keeping such a register is to ensure that every handicapped child is given the opportunity to develop whatever assets he possesses to the fullest potential. During the year, 317 children were placed on the register as shown below. Nineteen of these children had multiple defects.

Defect	Age of notification					Total on register on 31st December 1968
	Under 6 months	6 months and under 1 year	1	2	3 and 4 years	
Defects of nervous system						
Mental retardation	5	2	12	8	12	91
Autism	—	—	1	1	—	4
Cerebral palsy	1	6	4	3	4	51
Epilepsy	—	3	3	4	3	41
Hydrocephalus	6	4	1	2	—	53
Spina bifida	8	—	—	—	1	57
Speech disorders	—	—	—	1	7	17
Other—delayed development	4	3	4	2	1	58
Diseases of the ear						
Partial hearing loss	1	1	3	13	13	47
Profound hearing loss	—	—	1	1	2	9
Other	—	—	—	—	—	2
Diseases of the eye						
Squint	—	1	2	2	4	36
Partial sight	1	2	4	1	1	31
Blind	—	—	—	—	1	1
Other	1	—	1	1	—	9
Defects of cardiovascular system						
Congenital heart disease	11	3	1	2	3	84
Other	6	—	1	1	—	21
Defects of respiratory system	2	1	1	1	—	14
Defects of alimentary system						
Hare lip	4	1	—	—	—	20
Cleft palate	5	2	—	—	—	19
Other	5	1	1	—	2	22
Nutritional and metabolic disorders						
Coeliac disease	—	1	1	1	1	20
Fibrocystic disease	2	—	1	1	—	10
Phenylketonuria	—	—	—	—	—	3
Other	2	1	2	1	—	12
Endocrine disorders						
Hypothyroidism	—	—	—	—	—	6
Diabetes	—	—	—	—	—	—
Other	—	1	—	—	—	6
Defects of urinogenital system	8	2	2	2	1	47
Diseases of the blood	—	1	1	1	—	12
Skeletal and muscular defects						
Talipes	18	1	1	1	—	68
Congenital dislocation of hip	10	1	—	—	—	34
Muscular dystrophy	—	—	—	1	—	2
Other	14	1	2	3	3	97
Skin diseases	3	1	—	1	—	26
Other disorders—mongolism ..	14	—	1	—	—	61
Totals	127	40	53	56	60	1,091

The health and welfare of all handicapped children and their families were supervised closely by health visiting staff and centre medical officers. A total of 230 children were removed from the register for the following reasons:—

Died	59
Recovered	53
Removed from the City	118

In accordance with section 34 of the Education Act 1944, 144 children between the ages of two and five years were referred to the School Health Service.

Nurseries and Child Minders Regulation Act, 1948

Two child-minders were registered during the year and one person on the register discontinued child-minding. Five premises in church or Sunday school buildings were registered as day nurseries.

Particulars of premises and child minders on the register are shown in the following table:—

	Premises registered at end of year	Child minders registered at end of year
Number	26	18
Number of places	668	166

Six reports of illegal day-minding were received. Appropriate action was taken and in one case a successful prosecution resulted in the offender being fined.

Registered premises are inspected at monthly intervals by the assistant supervisory matron of day nurseries and at three-monthly intervals by a medical officer of the department.

Registered day-minders are visited at monthly intervals by a health visitor and at three-monthly intervals by a medical officer of the department.

On 1st November, 1968, section 60 of the Health Services and Public Health Act, 1968, which amends the Nurseries and Child-Minders Regulation Act, 1948, came into force. It extends the former powers to include premises (other than those used wholly or mainly as private dwellings) in which children are received for two or more hours in the day and persons who, in their own homes and for reward, look after one or more children under the age of five to whom they are not related for two or more hours in the day. Penalties for contravening the regulations are greatly increased.

There was a period of grace of three months from 1st November, 1968, before an offence against the amended provisions was deemed to have arisen.

Appropriate steps to publicise the amended provisions of the Act included the display of printed notices in child welfare centres, day nurseries and on public buildings, local Press publicity and advice by health visitors to all unregistered persons known to be child-minding.

A number of applications for registration, received during November and December as a result of the 1968 Act, were under consideration at the end of the year.

Home Nursing

Management structure of the Home Nursing Service

For the purpose of nursing administration the City is geographically divided into four areas, each the responsibility of an area superintendent. Her role is both managerial and supervisory: she is responsible for the maintenance of standards of nursing care, both by the geographically based nursing teams and nursing staff attached to general practitioners.

The area superintendent delegates much of the day-to-day management, such as assignment of work, to the senior nurse in charge of a nursing team based on a sub-centre. This decentralisation brings the home nursing service closer to the community and to the workers of other services. Within each team, trained district nurses carry full clinical responsibility for the nursing care of their patients, supported by enrolled nurses and bath attendants. In this way the City is covered by 14 nursing teams, 3 or 4 per administrative area.

There is no doubt that the devolution of responsibility over the last few years, with the aim of responsible participation has promoted a sense of involvement amongst all members of the nursing staff. Whilst the present trend of increasing attachment of nurses to doctors in general practice runs across the geographical districts, it is another way of delegating responsibility to the nurse in the patient's home. At present the two patterns exist together within each of the four areas, integrated as far as possible. The future may bring many changes.

Statistics—general nursing

	1968	1967
Patients on books 1st January	3,325	3,105
New cases attended	9,314	8,985
Total cases nursed	12,639	12,090
Total nursing visits	331,467	336,495
Total visits by bath attendants	20,482	19,822

Classification of patients and nursing visits

	1968	
	<i>Patients</i>	<i>Visits</i>
General nursing	4,304	134,467
Injections	4,379	121,436
Dressings	2,419	58,551
Miscellaneous	1,537	17,013
Totals	12,639	331,467

Classification of new cases

<i>Diagnosis</i>	1968
Heart disease	666
Malignant disease	702
Bronchitis	274
Tuberculosis	148
Other respiratory disease	228
Multiple sclerosis	95
Hemiplegia	345
Diabetes	90
Anaemia	833
Rheumatoid arthritis	194
Foot care	185
Miscellaneous	5,554
Total	9,314

<i>Age Groups</i>	1968	1967
0- 4 years	361	348
5-14 years	221	186
15-64 years	4,213	4,140
65 and over	4,519	4,311
Totals	9,314	8,985

District nurse attachment to general practitioners

District nurse attachment to general medical practitioners is spreading throughout the country. In Manchester, every request for general practitioner attachment is carefully examined and discussed with the group of doctors concerned. A pattern of partial attachment has been decided upon because the home nursing services must meet the needs of the whole community on a neighbourhood basis as economically as possible. In any case, the district nurses' surgery work should be limited to skilled nursing treatments and on this basis it has been found that one hour attendance daily by the nurse is adequate. During this one hour period she will see the doctors and discuss needs and treatment of particular patients they are visiting.

At the present time, 10 practices involving 42 doctors participate in these arrangements to the great benefit of doctor, nurse and patient. The daily meeting makes for closer consultation and early attention to any problem that may arise.

The daily treatment session makes a saving in travelling time for the nurse and relieves the doctor of much time-consuming work. The patient benefits by seeing the doctor and nurse at the same time whenever necessary. Patients nursed in their own homes benefit equally with this closer co-operation between doctor and nurse.

Night nursing service

Following the successful introduction last year of the night nursing service on the south side of the City, the service was extended in April to cover the whole of Manchester, following the appointment of a third nurse.

During the year, 2,810 visits were made to 281 patients; of these 87 patients received a total of 959 visits for injections to relieve pain or for sedation. The remaining 1,851 visits were made to 194 patients requiring general nursing care. The ages of the patients ranged from 16 months to 95 years and their environments from slum dwellings to high-class residential areas.

The turnover of patients remained on the whole high—the longest duration of visiting being 10 months to a patient suffering from cancer of the bladder and requiring pain-relieving injections nightly. The type of work tended to be more varied than last year and included a patient requiring barrier nursing of a child with measles, preparations for barium X-ray, supervision of bladder drainage catheters, renewal of fomentations and the giving of antibiotic injections, apart from the giving of pain-relieving and sedative drugs and the nursing care to gravely ill patients.

An interesting example of the value of a night visit was the case of a male patient of 39 years, married with two children. He had been blind for many years, had renal failure and diabetes mellitus. A chest infection necessitated admission to the district nursing service for antibiotic injections through-

out the twenty-four hours. After a few visits his condition appeared to be improving and the infection subsiding, until one night he was discovered to have deteriorated very much. On observation, in spite of precautions having been taken, signs of instability of his diabetic condition were evident and so an ambulance was summoned and early treatment commenced in hospital.

This service continued to be appreciated by patients and relatives alike who obtain much comfort and moral support from these nightly visits which leads to great satisfaction to the staff concerned.

Liaison with Wythenshawe Hospital

The scheme which was initiated in September, 1967, has continued to be of benefit to the hospital and district nursing staff and, most important of all, to the patient.

In the twelve months ending December, 1968, 112 patients have been referred: 26 under 15 years, 45 between 15 and 65 years and 41 over 65 years. Of 69 surgical cases requiring dressings, 15 involved removal of sutures at home by the district nurse, because these patients had been discharged from hospital only a few days after their operation. Although there were only 43 medical cases, an increasing number during the latter part of the year were referred from the medical wards, where the needs are often more social than physical. Knowledge of the background to which the patient would return is helpful to the medical staff in determining the length of stay or perhaps diagnosis. For example, two cases of hypothermia were investigated, one being found to have lived in a centrally heated block of flats, which suggested a clinical cause rather than an environmental one.

The liaison district sister visits the hospital twice weekly and meets all patients who will be requiring treatment following discharge home. Progress and treatment are discussed informally with medical and nursing staff and the information is passed on to the district nurse who will be visiting the home. The general practitioner is notified from the hospital of the district nurse's attendance on his patient.

The patients and their relatives appear to feel better supported in the important period immediately following discharge from hospital. This is a time when doubts and fears may come to the surface and a word of advice and practical help can prevent a deterioration in condition. The constant contact with the hospital enables the district nursing staff to keep abreast of new treatments and schools of thought in the hospital, which they find stimulating, and helps to prevent the professional isolation which is sometimes felt.

Ward sisters and charge nurses are seeing the district nursing sisters as equal partners giving continuity of skilled nursing care in the community. We would hope to convince hospital staffs everywhere of the part that can be played by the district nurse and thus dispel the misgivings that were found to exist in the recent survey "Care in the Balance" conducted by the Queen's Institute of District Nursing.

After-care of aged and handicapped patients discharged from hospital

This service has continued on the same lines as last year and is much appreciated by the consultant geriatrician and his staff at Crumpsall Hospital.

The elderly and handicapped patients themselves receive comfort and reassurance from the continuity of support and nursing care between hospital and home.

A total of 126 patients received 1,426 visits for follow-up care: 38 patients continued to receive visits at the end of the year: 31 were over 70 years of age and 30 were living alone.

Results of cases closed

Recovered	29
Admitted to hospital	14
Died	6
Removed from the area	2
Admitted to Part III accommodation	7
Admitted to religious homes	2
Transferred to district nurses	16
Transferred to health visitors	3
Patients referred for assessment only	8
Attending day centre	1
Total	88

Geriatric clinics and domiciliary care of feet

With the appointment of more chiropodists the district nursing service was relieved of responsibility for assessing the need for chiropody treatment. Likewise, the nurses, special screening clinic sessions were discontinued, the responsibility for foot care having been passed back to the chiropody service.

Staff

Position at 31st December

	1968	1967
Queen's superintendent	1	1
Queen's deputy superintendent/tutor	—	1
Queen's assistant superintendents	4	4
Queen's sisters	69	69
Queen's male nurses	6	6
Student district nurses.. .. .	2	5
State registered nurses.. .. .	25	25
State enrolled nurses	24	25
Total number of staff employed	131	135
Equivalent whole-time strength	113.5	119

In March, 1968, the deputy superintendent/tutor resigned to take up another appointment and, as yet, has not been replaced. An experienced senior nurse, who is a member of the staff, has been seconded to the tutor training course at the Royal College of Nursing in London. Until she returns in August the number of student district nurses has been reduced.

Seventeen Queen's nurses have posts of special responsibility as senior nursing sisters:— 11 are leaders of a nursing team attached to a sub-centre and are responsible to the Assistant Superintendent of an area; three are on permanent night duty; two act as hospital liaison sisters; one is seconded for tutor training.

Training

In May, the Queen's Institute of District Nursing relinquished their responsibility for training and conducting the district nurses' examination. This function was taken over by the Advisory Committee on the Training of District Nurses, Ministry of Health, who award the National Certificate of District Nursing.

Under the Ministry of Health new training scheme, the former practical examination has been replaced in Manchester by an ongoing assessment, which is in line with modern educational thought. The written paper is set by the Panel of Assessors at the Ministry of Health and is at national level. At present the content of the course remains substantially what it was under the Queen's Institute of District Nursing.

Nine student district nurses—already state registered nurses with at least three years hospital training behind them—have completed training during the year; six have been successful in their examination and four are waiting to take the next examination. The surrounding authorities, comprising Bolton, Bury, Rochdale, Stockport and Salford, continue to participate in the Manchester scheme. Student district nurses gain their practical experience in their own area, but take part in the Manchester study blocks.

Enrolled nurses

The State enrolled nurse takes a 2 years' basic hospital training with its emphasis on bedside nursing. A further course of instruction helps the state enrolled nurse to play an essential part in the domiciliary nursing team.

The ten-week course of in-service training followed by examination was again organised. The Queen's Institute of District Nursing continue to award certificates for this course. Five nurses participated in the course, three from Manchester and two from Bury. All were successful in gaining certificates.

Diploma in Community Nursing—Manchester University

The district nurse training for the students on this course is quite differently organised, as it is integrated with general nursing and health visitor training in a four-year course. All theoretical instruction is given at the University, the district nursing service providing supervised practical experience only. Nine of these student district nurses were successful in gaining both certificates of the Queen's Institute of District Nursing and the Ministry of Health.

Refresher courses

The greatest value of any refresher course lies in meeting other members of the profession and sharing experience. To be a member of an intensive study group is a stimulating experience which broadens the outlook and helps develop fresh insights.

Two area superintendents took part in a course on management appreciation whilst another attended a course on nursing administration; seven senior nurses attended a practical work instructor's course. These courses were all arranged by the Queen's Institute of District Nursing.

The Ann Louise Wood Scholarship

In 1968, a bequest to the District Nursing Service from the estate of the late Miss Ann Louise Wood was received.

Miss Wood was Superintendent of the Bradford District Nurses Home, Ashton New Road, from 1911 to 1923. She died 43 years later in March, 1966, a very old lady; yet in her will she remembered her work of nursing in Manchester, leaving half her estate for the advancement of district nursing in the City.

The capital has been invested and the income is to be used to provide a scholarship which will enable district nurses to undertake specialist courses or visits of an educational nature. Thus it might be used as a travelling scholarship to send a member of staff to study the domiciliary health services of another country, an enterprise for which financial assistance from the Corporation would not normally be available.

Transport

Ninety members of the staff now drive their own cars, an increase of 13 over the previous year; of this total 14 nurses bought their cars with the help of the Corporation's assisted car purchase scheme. In addition nine mini vans and three cars were provided, making a total of 102 car drivers.

Only the nurse who previously covered her district on a bicycle or on foot can fully appreciate the benefit of car transport. She has so much more time to spend with her patients and her energy is saved for her nursing duties instead of pushing a cycle up-hill in driving rain—as so often happens.

Ophthalmic nursing

At the beginning of the year two ophthalmic sisters were employed exclusively on the nursing of eye conditions in young children. When they left the staff early in the year their work was taken over by general district nurses.

Home Help Service

The approved assignment of staff to the service, which is provided under Section 29 of the National Health Service Act, 1946, includes 201 whole-time home helps working a 40-hour week, and 300 part-time home helps working a 22-hour week. When suitable full-time workers are not available part-time or sessional home helps may be employed for the equivalent number of hours. The supervisory staff of one Organizer and five assistant organizers have the support of clerical staff, who contribute materially to the smooth running of the service.

Local authorities are permitted to claim from householders a contribution towards the cost of the provision of home helps. In Manchester, users of the service who do not wish to pay the standard charge may apply for a reduction. The assessment scale used in these cases is generous and frequently no charge is made. For example, when the sole income consists of a retirement pension plus a supplementary pension, assistance is provided free of charge.

One of the tasks of the Organizer and her assistants is to make a careful and sympathetic assessment of each request for help to ensure that there is no abuse of the service; the organizers also investigate the financial resources of persons applying for reduced charges.

In 1968 the organizing staff made 6,064 visits to applicants for help, to homes where help was being provided and to the homes of prospective home helps. Inspection visits ensure not only that the initial assessments of needs have been correctly made but also that appropriate adjustments can be made in the light of changing circumstances and that home helps are performing their work in a satisfactory manner.

The tasks undertaken by home helps are often those which good daughters would perform and, in addition to cleaning, usually involve the preparation of meals and the more general care of the patient. Home helps find their work far more interesting, though far more demanding, than would be the case in simple house cleaning.

The home helps show an understanding of social responsibility far beyond the bounds of duty. Some go back to patients at night to ensure that they are comfortable and safe, take them to their own homes at holiday times, make them curtains and clothes and perform many other kindly and charitable acts, about which information is only received from sources other than the home helps themselves.

Recruitment of staff

Staff turnover remained fairly high; 33 whole-time and 134 part-time home helps were recruited and 73 whole-time and 105 part-time home helps resigned. Thirty-six sessional workers were appointed and 21 resigned. Difficulties have been experienced in finding the most suitable type of full-time worker, but suitable part-time and sessional home helps have been more easily recruited.

Training of home helps

It is important that, in the first few months following their appointment, home helps should be given a good deal of encouragement and advice by the organizing staff, but with their heavy case loads it is not always possible for the Organizer and assistant organizers to achieve this aim entirely. However, in-service training courses do enable new, and also experienced, home helps to understand their role as members of the health team, thus assisting them to perform their day-to-day duties.

Twice a year talks are given to home helps on nutrition, cookery, home nursing, care of bedfast patients and also other aspects of community care. Lectures have been given by health visitors, district nurses, public health inspectors, N.S.P.C.C. inspectors, medical social workers and welfare officers and these have been of great interest and benefit to the home helps. Subsequently, patients benefit as the home helps gain greater insight into the varying needs of sick people.

The Organizer maintains contact with the home helps by holding regular meetings which provide for informal discussions and an interchange of ideas.

In an experimental scheme of decentralisation in the past two years, two of the assistant organizers and their clerks were transferred from the Town Hall to offices in suitably located maternity and child welfare centres. This proved to be a most successful arrangement, encouraging liaison between health visitors, district nurses and the assistant organizers and their clerks. General practitioners, medical social workers and welfare officers in these areas have come to know the assistant organizers personally, resulting in the creation of a mutually pleasant and co-operative relationship which is beneficial to both patients and staff. Home helps have also appreciated being nearer to an office where they could seek advice and the shorter journeys from office to working area has enabled assistant organizers to devote more time to essential work.

The home help service was fortunate in again having the assistance of police cadets, who were attached to the service for a two-months' period instead of only one month as in former years. These young people were thus able to gain a better insight into the work and problems of the home help service. Patients, cadets and home helps have all expressed their satisfaction with this scheme.

Night-sitting and holiday service

Where the area superintendent district nurses considered a need existed, home helps acted as night-sitters for patients who might otherwise have been left quite alone, or when relatives had become exhausted through lack of sleep. Twenty-five patients received the assistance of night-sitters on forty-seven occasions.

At holiday periods there are always home helps who volunteer to be on call in case of emergencies when a patient may need help during the day, or at night. Although such volunteers were not called upon very frequently it was gratifying to know that these home helps were so willing to be of service to anyone in need of their care and attention.

Co-operation and co-ordination between medical social workers and family doctors and the home help service has always been informal and close. The decentralisation of assistant organizers has improved existing good relations, and if for that reason alone has been advantageous to family doctors and their patients. Hospital staff, also, have become fully aware that convalescent care can be continued for patients in their own homes.

Close liaison has been maintained with other sections of the Health Department, the Welfare Services Department and voluntary services throughout the City. Cases requiring services other than home help have always received sympathetic attention when referred to the appropriate departments. In particular, the assistance of volunteers from the Youth and Community Service has been invaluable to elderly patients.

The various sources of applications for assistance during 1968 are indicated in the following table:—

<i>Source of new applications</i>	<i>Cases of acute sickness, old age and infirmity</i>	<i>Confinement cases</i>
Medical practitioners	604	1
Medico-social workers	463	8
Welfare Services Department	320	—
Personal	290	77
Health visitors and staff of maternity and child welfare centres	229	57
Home Nursing Service	173	—
Ministry of Social Security	84	—
Council of Social Service	21	—
Members of City Council	19	—
Children's Department	6	—
Mental Health Services Division	4	—
	<hr/> 2,213 <hr/>	<hr/> 143 <hr/>

Details of the type of cases attended by home helps are given in the following analysis of new cases attended in 1968:—

	<i>No. of cases</i>
Old age and infirmity	326
Disease of the circulatory system	307
Rheumatism	179
Post-operative disorder	165
Disease of the respiratory system (other than tuberculosis)	152
Other illness	133
Blindness or other physical handicap	103
Confinement	81
Malignant neoplasm	71
Vascular disease of the central nervous system	49
Psychological disorder	12
Pulmonary tuberculosis	5
Problem family	3
	<hr/> 1,586 <hr/>

As in previous years demands upon the service were heavy. In cases of old age and infirmity once help commences patients are rarely able to manage without a modicum of continued assistance. Maintaining continuous help for the elderly, as well as providing short-term emergency assistance when required, placed a great strain upon the service, as no increase in staff has been possible since 1966.

The number of households assisted is detailed in the following table:—

		Home help to households for persons				
		aged 65 or over on first visit during the year (1)	aged under 65 on first visit during the year			
			Chronic sick and tuberculous (2)	Mentally disordered (3)	Maternity (4)	Others (5)
Number of cases ..		3,289	404	16	85	241
						4,035

Typical cases

Home helps must be ready to adapt themselves to the differing circumstances, attitudes and needs of their patients as the following two case histories show:—

(1) In January 1968, the health visitor group adviser in North Manchester referred for help a mother, deserted by her husband, who was left with the care of six children aged from 12 years to 5 years. This patient suffered from chronic bronchitis and an associated heart condition. The services of a home help on five mornings each week was therefore arranged.

This family lived in a very poor home, in a clearance area of the City, and are to be rehoused as soon as possible. When this occurs it will still, however, be impossible for this mother to manage unsupported, as three of the youngest children are mentally retarded and one boy of nine years of age suffers from epilepsy.

While the children could not be cared for by the mother in her poor state of health, the provision of a home help made it possible for the family to remain together and for the mother's difficulties to be eased somewhat.

(2) An old gentleman suffering from cancer, and his mentally ill wife, were neglecting to feed themselves adequately. Their married daughter, who lived 30 miles away, could not persuade either parent to allow her to help them and she consequently appealed to the Health Department for assistance. The combined efforts of a group adviser of health visitors, an area superintendent of district nurses and an assistant home help organizer were all required to persuade this elderly couple to accept help.

After repeated visits from these officers, the old gentleman reluctantly agreed to accept the visits of a district nurse, and the services of a home help for two hours each day at lunch time. These arrangements ensured that both patients had a meal and that the home was kept clean. Three months later when the husband collapsed and the wife could not be left alone both were admitted to hospital.

Midwifery

The continued decrease of population within the City, accompanied by a falling birth rate, resulted in 674 fewer notified births to Manchester mothers in 1968. The live birth rate was 17.81 per thousand population compared with 18.34 in 1967. There were 487 fewer home confinements in 1968 compared with 1967, a proportion of 18.7 per cent of all confinements in 1968 compared with 21.8 per cent in 1967.

There were 569 more deliveries in City hospitals, this being mainly accounted for by an increase from 4,104 deliveries of mothers normally resident outside the City in 1967 to 4,487 during 1968; there were 171 fewer deliveries in nursing homes without a medical officer. Despite the increase in the proportion of hospital confinements, there remained a small proportion of "high risk" mothers still having their babies at home, due to their refusal to accept advice that hospital confinement would be safer for them.

The number of mothers discharged early from hospital remained constant at sixty-six per cent of all Manchester mothers delivered in hospital.

Notification of intention to practise

The sources of the 291 notifications of intention to practise were as follows:—

<i>Municipal midwives</i>	<i>Employed on an agency basis</i>	<i>Maternity homes having no resident medical officer</i>	<i>Training institutions</i>	<i>Independent midwives</i>	<i>Total</i>
69	2	18	202	—	291

Supervision of midwives

This statutory duty is undertaken by the Supervisor of Midwives and two assistants.

Visits were made as follows:—

To hospitals and nursing homes	101
To midwives in their own homes	80
To ante-natal and mothercraft classes	198
Supervision of nursing and labour visits	387
Routine inspection of records	129
Investigations	4
Meetings and lectures attended	10
Visits to general practitioners	5
Evening visits to ambulance depot re night rota system	3
Lectures given	6
To other health departments	4
To evening family planning clinics	8
Pupils' examinations	4
Miscellaneous	14

The Supervisor of Midwives acted as an examiner to the Central Midwives Board examination on three occasions.

Municipal midwives

Recruitment to the section continued to be adequate and, again, many applications by midwives to join the staff could not be considered as few vacancies occurred.

At the end of the year there were three full-time and two part-time midwives employed on an agency basis by the St. Mary's Hospital extern service. On several occasions during the past year this service was understaffed, the directly employed municipal midwives undertaking work as requested by the hospital service.

Of the patients booked for home confinements, 774 were cancelled for the following reasons:—

	<i>Number of mothers</i>
Transferred to hospital	594
Removed from Manchester	75
Miscarried	38
Not pregnant	4
Unsuitable home	63

The admissions to hospital were accounted for as follows:—

	<i>Number of mothers</i>
Patients' request for hospital confinement	78
Medical reasons	26
Rhesus negative with antibodies	24
Anaemia	16
Premature labour	49
Post-maturity by dates	84
Pre-eclampsia	47
Ante-partum haemorrhage	63
Malpresentation	105
Multiple pregnancy	7
Foetal distress	15
Delay in labour	72
Intra-uterine deaths	8

Ante-natal care

A total of 30 ante-natal sessions were held weekly in 23 maternity and child welfare clinics. Due to a decrease in home bookings, attendances at clinics in some parts of the City were poor. This was especially so in South Manchester. Nevertheless, it was considered to be justifiable to maintain these ante-natal sessions at the same level as in the past; to combine two or more ante-natal clinics would cause hardship to pregnant women, necessitating more travelling and thus possibly deterring them from attending as often as advisable.

Midwives made 4,220 attendances at ante-natal clinics, compared with 4,070 in 1967. At 22 weekly sessions, midwives now routinely take the necessary blood specimens, the midwives at 7 of the remaining 8 sessions undertaking this duty when necessary in the absence of the medical officer.

Attendances by patients at mothercraft classes were fewer; at the 21 classes, talks were given by both health visitors and midwives. Nine general practitioners, with a midwife present, held ante-natal clinics in their own surgeries and one general practitioner held a special session for his patients at a maternity and child welfare centre.

Ante-natal visits paid to expectant mothers in their own homes totalled 10,896, a decrease of 1,483 on 1967. These included visits paid, at the request of hospital staff, to patients who had defaulted from hospital ante-natal clinics.

Deliveries

The analysis of births in the City, according to the place of confinement, is as follows:—

<i>Domiciliary confinements</i>			<i>Institutional confinements</i>		<i>Total</i>
<i>Municipal midwives</i>		<i>St. Mary's district</i>	<i>Institutions</i>	<i>Maternity homes—without a resident medical officer</i>	
<i>Doctor booked</i>	<i>Doctor not booked</i>				
1,886	73	101	12,191	766	15,017

There were 15,017 births notified within the City. Four-thousand four-hundred and eighty-seven were to mothers normally resident outside Manchester while 472 births occurred outside the City to mothers normally resident in Manchester.

There were 129 babies born before arrival of the midwife, of which 51 were booked for hospital confinement and 16 were unbooked emergency cases.

Stillbirths

There were 179 stillbirths notified in 1968, compared with 228 in 1967, of which 13 occurred in domiciliary practice. The following tables include details of birth weight and duration of pregnancy:—

Weight	Abnormal	Macerated	Fresh	Totals
Under 4 lbs.	1	3	3	7
lbs. 2 ozs.—5 lbs. 8 ozs.	—	1	1	2
Over 7 lbs.	—	3	1	4
Totals	1	7	5	13

Duration of pregnancy	Under 4 lbs.	5 lbs. 2 ozs. to 5 lbs. 8 ozs.	Over 7 lbs.	Total
28-32 weeks	4	Nil	Nil	4
32-36 weeks	1	Nil	Nil	1
36-40 weeks	2	1	4	7
Not known	Nil	1	Nil	1
Totals	7	2	4	13

Of the 13 stillbirths, three were emergency unbooked cases, four were booked for hospital confinement and born before the arrival of the district midwife, the remaining six being booked for home confinement.

Equipment and analgesia

There was no change in equipment used by the midwives in 1968. Trilene analgesia was administered to 1,536 mothers and gas and oxygen to six mothers. A doctor was present at delivery in 106 of the 1,536 cases where trilene was administered.

Home investigations and visits

Midwives made 6,072 visits, compared with 5,730 in 1967, at the request of the hospital authorities, to assess whether early discharge from hospital was possible or whether the home was suitable for home confinement for medically fit expectant mothers. An assessment of the home and of the adequacy of the preparations for the birth are of paramount importance in the colder months of the year when the risk to the newborn baby is greatest.

Other visits by domiciliary midwives:—

	1968	1967
Nursings	28,068	36,996
To patients discharged from hospital	27,404	22,423
To patients in early labour	2,933	3,193

Early discharge following hospital delivery

The work created by the early discharge of patients from hospital continued to form a large part of the domiciliary midwives' duties. The scheme remained unchanged during 1968. Of 5,877 patients so discharged, the staff of St. Mary's extern service were responsible for visiting 1,094 of these mothers although assistance in these visits was often given by the directly employed domiciliary midwives.

Training and educational activities

Twelve midwives received training from the Family Planning Association and a total of 23 midwives are now trained to assist in the 10 family planning sessions held at maternity and child welfare centres.

There are 46 domiciliary midwives approved by the Central Midwives Board to undertake the training of pupil midwives.

Eighty-four pupil midwives received district training, compared with 74 in 1967. These pupils were from the four Part 2 training schools in Manchester; 45 from St. Mary's, 20 from Crumpsall, 11 from Wythenshawe and eight from Withington Maternity Hospital. Part 2 training at Withington Maternity Hospital commenced on June 1st, 1968.

In addition to the pupil midwives, 26 obstetric students, eight community nurses and three district nurse students were provided with domiciliary midwifery experience, accompanying midwives on their visits and attending an ante-natal clinic.

Nine students from Manchester hospitals studying premature baby care accompanied the premature baby sisters on their visits.

During 1968, 18 midwives attended compulsory post-graduate courses under rule G.2 of the Central Midwives Board.

The Emergency Obstetric Unit (Flying Squad)

This service continued to be based at St. Mary's Hospital and was staffed by an obstetrician, an anaesthetist and a midwife, transport being provided by local authority ambulances. There were 103 calls upon this service, six more than 1967, comprised as follows:—

Abortion	6
Not pregnant	1
Ante-partum haemorrhage	9
Eclampsia.. .. .	4
Epilepsy	1
During the 3rd stage labour and post-partum haemorrhage	73
Perineal tear	2
Paediatric call	1
Other	6
	<hr/>
	103
	<hr/>

Of these 103 patients, 30 were transferred to hospital and the remainder were treated at home.

Maternal deaths

It is a pleasure to record that no maternal deaths occurred in the City during 1968. This is the first time that no such deaths have been recorded in the City and reflects the high standard of midwifery both domiciliary and hospital. However, there is no cause for complacency since the Emergency Obstetrics Flying Squad needed to attend four cases of eclampsia, some "high risk" mothers were still being delivered at home and the number of unbooked cases was not insignificant.

There were three deaths associated with pregnancy in 1968.

Radio-telephones

This system continues to be of great help in obtaining prompt and expert assistance for the patient in her home and is valued by the midwifery staff. Unfortunately, technical difficulties were still experienced in a small area of the City where reception continued to be poor.

Premature baby service

The establishment provides for seven midwives trained in the care of premature and ill babies. Six midwives were in post at the end of the year and it is hoped the remaining vacancy will be filled early in 1969. This service is becoming increasingly important as the stillbirth and perinatal death rates decrease. Babies now surviving birth and the first week of life increase the number of babies who are "at risk" and will require the service of a premature baby nurse.

When necessary, cots and hot water bottles are loaned to mothers by the Health Department. Clothes and blankets are provided for babies by private individuals and by the Princess Christian College, and the continued assistance from these sources is gratefully acknowledged. Through the Samaritan Fund a sum of £15 was spent on the provision of napkins.

During recent years, the number of homes visited by the premature baby sisters, which in their opinion were well below the standard for adequate care of these babies, has increased. In 91 instances, the homes were considered to be inadequate because of lack of furniture and heating, dirty conditions, defects in the building causing damp and draughts or apparent inability of the parents to make adequate provision for the baby both before and after confinement, even when the family income has seemed adequate. This trend has also been noted by midwives, especially among the houses in multiple occupation.

Of the 969 babies referred to the premature baby staff, 239 were referred before the eighth day of life, the remaining 730 being mainly those discharged from hospital. All babies of 5lbs. 12ozs. birth weight or below were visited irrespective of the weight on discharge from hospital.

At the beginning of the colder months of the year, it became apparent that babies were being discharged from hospitals to homes with inadequate heating arrangements. This was shown by a low body temperature being recorded on the first visit by the premature baby sister. The maternity hospitals within Manchester subsequently co-operated in notifying to the Health Department all premature babies ready for discharge. The premature baby sister then visited the home instructing the parent and staying until preparations were satisfactory, leaving equipment to be loaned at the home before the baby was discharged. When the sister was not able to make satisfactory arrangements, the baby remained in hospital as long as possible. One-hundred and eighty-six of these visits were made compared with 22 in 1967.

A summary of other visits is given below:—

	1968	1967
To mothers and infants under 10 days ..	1,713	1,321
To mothers and infants over 10 days.. ..	7,208	7,941
To paediatric clinics	61	43
To hospitals	64	102
To child welfare clinics	112	44
To general practitioners' surgeries	70	91
Lectures	16	—

An analysis, by weight at birth, of the premature infants referred for care, together with the numbers transferred to hospital whilst in the care of the premature baby sisters, is given below:—

Weight at birth	Number	Transferred to hospital
Under 3 lbs. 4 ozs. 	23	2
3 lbs. 5 ozs.—4 lbs. 6 ozs. 	128	5
4 lbs. 7 ozs.—4 lbs. 15 ozs. 	155	7
5 lbs. 0 ozs.—5 lbs. 8 ozs. 	375	14
5 lbs. 9 ozs. and over 	288	12
Totals	969	40

Feeding established on discharge of the babies was as follows:—

Breast fed 	61
Breast and complement 	36
Artificially fed 	872

Of 12 babies known to have died, the registered causes of death were, broncho-pneumonia (5), pneumonia (2), gastro-enteritis (2), congenital heart lesion (2) and arthrogryposis plus aspiration vomitus (1).

Premature live and stillbirths

Particulars of premature live births notified (as adjusted by transferred notifications) are shown below:—

In hospital 	807
At home 	108
In private nursing homes 	10
	<u>925</u>

The number of premature stillbirths notified (as adjusted by transferred notifications) were:—

In hospital 	101
At home 	9
In private nursing homes 	1
	<u>111</u>

Weight at birth	Premature live births														Premature stillbirths		
	Born in hospital						Born at home or in a nursing home										
	Died						Transferred to hospital on or before 28th day										
	Died						Died										
	Died						Died										
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Cause	Totals	Males	Females	Legitimate	Illegitimate	Place of confinement		Stillbirth certified by	
						Hospital or nursing home	Domiciliary	Doctor	Midwife
Maternal conditions:—									
Disease in mother	2	2	—	1	1	2	—	2	—
Diseases of pregnancy:—									
Haemorrhage	12	4	8	9	3	12	—	12	—
Toxaemia	7	4	3	5	2	7	—	7	—
Difficult labour	12	6	6	9	3	10	2	11	1
Piaccental and cord conditions	32	18	14	29	3	28	4	31	1
Foetal conditions:—									
Birth injury	1	1	—	1	—	1	—	1	—
Congenital anomalies:—									
Anencephalus	18	5	13	15	3	18	—	18	—
Hydrocephalus	*9	4	4	8	1	9	—	9	—
Spina bifida	1	—	1	1	—	1	—	1	—
Other congenital anomalies	5	2	3	5	—	5	—	5	—
Other diseases of foetus:—									
Haemalytic	9	3	6	7	2	9	—	8	1
Maceration	28	12	16	22	6	27	1	28	—
Anoxic	19	9	10	13	6	17	2	19	—
Other specified	3	3	—	2	1	3	—	3	—
Unspecified	16	8	8	13	3	13	3	16	—
All causes	174	81	92	140	34	162	12	171	3

*1 indeterminate sex.

Stillbirths, perinatal deaths, neonatal deaths, post-neonatal deaths and infant death rate, 1948-1968

Year	Total live and stillbirths	STILLBIRTHS		PERINATAL DEATHS		NEONATAL DEATHS		POST-NEONATAL DEATHS		DEATHS UNDER 1 YEAR AND STILLBIRTHS		Infant death rate per 1,000 live births
		Number of stillbirths	Rate per 1,000 live and stillbirths	Number of perinatal deaths (stillbirths and deaths under 1 week)	Rate per 1,000 total live and stillbirths	Number of neonatal deaths, 0-4 weeks	Rate per 1,000 total live births	Number of post-neonatal deaths, 4 weeks-1 year	Rate per 1,000 total live births	Number of deaths under 1 year and stillbirths	Rate per 1,000 total live and stillbirths	
1948	14,170	376	26.53	588	41.50	274	19.85	307	22.26	957	67.54	42.12
1949	13,460	331	24.59	528	39.23	242	18.43	260	19.80	833	61.88	38.24
1950	12,769	333	26.08	551	43.15	263	21.15	208	16.72	804	62.96	37.87
1951	12,757	319	25.01	521	40.84	251	20.18	188	15.11	758	59.42	35.29
1952	12,716	349	27.45	575	45.22	269	21.75	155	12.53	773	60.78	34.28
1953	12,573	355	28.24	583	46.37	255	20.87	118	9.66	728	57.90	30.53
1954	12,232	389	31.80	587	47.99	237	20.01	112	9.46	738	60.33	29.47
1955	12,022	318	26.45	496	41.26	215	18.37	117	10.00	650	54.07	28.37
1956	12,291	324	26.36	538	43.77	241	20.14	117	9.78	682	55.49	29.92
1957	12,755	331	25.95	555	43.51	261	21.01	113	9.09	705	55.27	30.10
1958	12,657	322	25.44	533	42.11	237	19.21	79	6.41	638	50.41	25.62
1959	12,638	306	24.21	498	39.40	223	18.08	102	8.27	631	49.93	26.35
1960	12,922	327	25.30	530	41.01	237	18.82	129	10.24	693	53.63	29.06
1961	13,294	291	21.89	531	39.94	268	20.61	120	9.23	679	51.08	29.84
1962	13,873	302	21.77	530	38.20	263	19.38	150	11.05	715	51.54	30.43
1963	13,599	288	21.18	508	37.35	247	18.56	144	10.82	679	49.93	29.37
1964	13,555	272	20.07	479	35.34	244	18.37	138	10.39	654	48.25	28.76
1965	12,775	258	20.20	448	35.07	213	17.02	124	9.91	595	46.58	26.92
1966	12,208	223	18.27	383	31.37	198	16.52	108	9.01	529	43.33	25.53
1967	11,531	226	19.60	375	32.52	162	14.33	96	8.49	484	41.97	22.82
1968	10,736	173	15.86	326	29.88	173	16.11	110	10.25	456	41.80	26.36

Legitimate and illegitimate live births and deaths of infants under one year of age—Manchester and England and Wales
(Registrar General's returns 1948-1968)

Year	LIVE BIRTHS				Illegitimate percentage of total live births England & Wales	DEATHS UNDER ONE YEAR OF AGE								
	Legitimate	Illegitimate	Totals	Illegitimate percentage of total live births		Number			Rate per 1,000 related live births					
						Legitimate	Illegitimate	Totals	Legitimate	Illegitimate	Totals			
1948	12,886	908	13,794	6.58	5.41	524	57	581	40.66	62.77	42.12	33.3	45.3	34.5
1949	12,243	886	13,129	6.75	5.10	461	41	502	37.65	46.28	38.24	31.7	44.8	32.7
1950	11,523	913	12,436	7.34	5.06	433	38	471	37.58	41.62	37.87	29.1	39.4	29.8
1951	11,616	822	12,438	6.58	4.84	407	32	439	35.03	38.93	35.29	29.2	38.5	29.6
1952	11,549	818	12,367	6.61	4.80	398	26	424	34.46	31.78	34.28	27.2	34.9	27.6
1953	11,450	768	12,218	6.29	4.75	352	21	373	30.74	27.34	30.53	26.5	33.0	26.8
1954	10,967	876	11,843	7.40	4.70	322	27	349	29.36	30.82	29.47	25.1	32.1	25.4
1955	10,879	825	11,704	7.05	4.66	312	20	332	28.68	24.24	28.37	24.5	31.7	24.9
1956	11,052	915	11,967	7.65	4.80	327	31	358	29.59	33.88	29.92	23.4	28.5	23.7
1957	11,407	1,017	12,424	8.19	4.80	337	37	374	29.54	36.38	30.10	23.0	30.0	23.1
1958	11,291	1,044	12,335	8.46	4.88	284	32	316	25.15	30.65	25.62	22.3	27.8	22.6
1959	11,186	1,146	12,332	9.29	5.09	298	27	325	26.64	23.56	26.35	21.9	27.4	22.0
1960	11,412	1,183	12,595	9.39	5.44	338	28	366	29.62	23.67	29.06	21.5	26.4	21.7
1961	11,675	1,328	13,003	10.21	5.90	355	33	388	30.41	24.85	29.84	21.1	25.3	21.4
1962	11,974	1,597	13,571	11.77	6.60	355	58	413	29.65	36.32	30.43	21.3	27.3	21.7
1963	11,634	1,677	13,311	12.60	6.90	344	47	391	29.57	28.02	29.37	20.8	26.0	21.1
1964	11,507	1,776	13,283	13.37	7.24	330	52	382	28.68	29.28	28.76	19.4	26.3	19.9
1965	10,741	1,776	12,517	14.19	7.66	280	57	337	26.07	32.09	26.92	18.5	24.9	19.0
1966	10,205	1,780	11,985	14.85	7.89	251	55	306	24.60	30.90	25.53	18.5	24.6	19.0
1967	9,442	1,863	11,305	16.48	8.40	210	48	258	22.24	25.76	22.82	17.9	23.7	18.3
1968	8,866	1,870	10,736	17.42	*	239	44	283	26.96	23.53	26.36	*	*	18.0

* Not available

Causes of death in infancy and childhood

(Registrar General's abridged list)
(figures compiled in the department)

CAUSE OF DEATH	Under 1 year					1 to 5 years				Totals under 5 years
	Under 4 weeks	4 weeks to 3 months	3—6 months	6—12 months	Totals	1—2 years	2—3 years	3—4 years	4—5 years	Totals
Enteritis and other diarrhoeal diseases	1	6	4	—	11	—	—	—	—	11
Measles	—	—	—	—	—	1	—	—	—	2
Other infective and parasitic diseases ..	—	—	—	1	1	—	—	—	—	2
Malignant neoplasms	—	—	—	—	—	1	—	—	—	1
Other endocrine etc., diseases	3	—	—	—	3	—	—	—	—	3
Meningitis	3	—	—	—	3	—	1	—	—	4
Other diseases of nervous system	—	—	—	—	—	—	2	1	—	3
Other forms of heart disease	—	—	—	—	—	1	—	—	—	1
Cerebrovascular disease	—	1	—	—	1	—	—	—	—	1
Pneumonia	9	25	17	7	58	—	1	1	—	60
Asthma	—	—	—	1	1	—	—	—	—	1
Other diseases of respiratory system ..	1	4	3	3	11	5	—	—	1	17
Intestinal obstruction and hernia	1	1	—	1	3	—	—	—	—	3
Other diseases of digestive system	1	—	1	—	2	—	—	—	—	2
Nephritis	—	—	—	—	—	—	—	—	1	1
Other diseases of genito-urinary system ..	1	—	—	—	1	—	—	—	—	1
Disease of musculo-skeletal system	—	—	1	—	1	—	—	—	—	1
Congenital anomalies	24	12	6	2	44	1	4	2	—	51
Birth injury	20	—	—	—	20	—	—	—	—	20
Anoxia	43	—	1	—	44	—	—	—	—	44
Maternal condition unrelated to pregnancy	1	—	—	—	1	—	—	—	—	1
Condition of placenta or cord	6	—	1	—	7	—	—	—	—	7
Haemolytic disease	3	—	—	—	3	—	—	—	—	3
Condition of foetus	5	—	1	—	6	—	—	—	—	6
Immaturity, unqualified	48	—	—	—	48	—	—	—	—	48
Suffocation in bed or cradle	—	5	2	—	7	—	—	—	—	7
Accident (motor vehicle)	—	—	—	—	—	1	1	1	—	4
Other violence	2	2	1	1	6	8	2	4	1	21
TOTALS	172	56	38	16	282	18	11	9	7	327

There were no deaths from tuberculosis, syphilis, diphtheria, scarlet fever, meningococcal infection, poliomyelitis or whooping cough

Infant Mortality
Deaths from various causes
1964—68
(figures compiled in the department)

Cause of death	Numbers of deaths				
	1964	1965	1966	1967	1968
All causes	382	336	306	258	282
Whooping cough	1	..	1	..	..
Meningococcal infection	1	..	2	..	..
Acute infectious encephalitis .. .. .	..	2	1	1	..
Measles	1	..	..	1	..
Diseases of the nervous system	7	2	4	1	..
Influenza .. .. .	..	1	1	1	..
Pneumonia	47	51	54	41	58*
Bronchitis	12	8	7	9	1
Other respiratory diseases.. .. .	2	4	6	7	11
Diarrhoeal diseases	16	8	10	14	11
Other digestive diseases	5	1	6	4	2
Congenital malformations.. .. .	79	56	51	41	44
Birth injuries	36	43	25	20	20
Other diseases of early infancy	89	83	77	55	61
Immaturity, unqualified	58	54	47	49	48
Violence	21	12	7	10	13
All other causes	7	11	7	4	13

*1964-1967 — 4 weeks to 1 year only.
1968 — 0-1 year.

Deaths under one year of age from diarrhoea, congenital malformations, diseases of early infancy and other causes 1948-68
(figures compiled in the department)

Year	Diarrhoea		Congenital malformations		Injury at birth		Atelectasis		Other diseases of early infancy		Immaturity unqualified		Other causes		Total deaths	Infant mortality rate per 1,000 live births
	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births		
1948	57	4.1	72	5.2	45	3.3	49	3.6	22	1.6	104	7.5	232	16.8	581	42.1
1949	57	4.3	63	4.8	45	3.4	47	3.6	25	1.9	70	5.3	195	14.9	502	38.2
1950	38	3.0	67	5.4	43	3.5	58	4.7	41	3.3	81	6.5	143	11.5	471	37.9
1951	30	2.4	56	4.5	47	3.8	73	5.9	34	2.7	60	4.8	139	11.2	439	35.3
1952	19	1.5	77	6.2	43	3.5	65	5.3	26	2.1	86	7.0	108	8.7	424	34.3
1953	9	0.7	53	4.3	44	3.6	51	4.2	33	2.7	85	7.0	98	8.0	373	30.5
1954	11	0.9	81	6.8	44	3.7	53	4.5	37	3.1	52	4.4	71	6.1	349	29.5
1955	6	0.5	72	6.2	31	2.6	43	3.7	28	2.4	62	5.3	90	7.7	332	28.4
1956	5	0.4	66	5.5	29	2.4	50	4.2	42	3.5	70	5.9	96	8.0	358	29.9
1957	2	0.2	64	5.2	44	3.5	48	3.9	35	2.8	86	6.9	95	7.6	374	30.1
1958	5	0.4	48	3.9	40	3.2	48	3.9	34	2.8	80	6.5	61	4.9	316	25.6
1959	3	0.2	53	4.3	33	2.7	51	4.1	34	2.8	63	5.1	88	7.2	325	26.4
1960	15	1.2	75	6.0	28	2.2	42	3.3	37	3.0	79	6.3	90	7.1	366	29.1
1961	12	0.9	79	6.1	44	3.4	44	3.4	37	2.8	91	7.0	79	6.1	386	29.7
1962	32	2.4	63	4.6	48	3.5	48	3.5	27	2.0	74	5.5	123	9.1	415	30.6
1963	11	0.8	55	4.1	50	3.8	39	2.9	40	3.0	79	5.9	116	8.8	390	29.3
1964	16	1.2	79	5.9	36	2.7	55	4.1	34	2.6	58	4.4	104	7.9	382	28.8
1965	8	0.6	56	4.5	43	3.4	33	2.6	50	4.0	54	4.3	92	7.4	336	26.8
1966	10	0.8	51	4.3	25	2.1	36	3.0	41	3.4	47	3.9	96	8.0	306	25.5
1967	14	1.2	42	3.7	20	1.8	24	2.1	33	2.9	49	4.3	76	6.7	258	22.8
1968	11	1.0	44	4.1	20	1.9	16	1.5	45	4.2	48	4.5	98	9.1	282	26.4

Prevention of Illness, Care and After-Care

Tuberculosis

The decline of tuberculosis in Great Britain in general and in Manchester in particular is most encouraging, but there is still need for continued vigilance and renewed efforts to reduce still further the incidence of this disease.

Although the elimination of tuberculosis depends upon identifying and treating the disease, much can be done by health education to improve the response of the community to the disease, particularly by B.C.G. vaccination.

The Manchester Regional Hospital Board continued to provide facilities for the prevention and treatment of tuberculosis at the Chest Clinic, 352 Oxford Road, Manchester, 13, and also at Baguley Hospital, the local health authority providing the following care and after-care services:—

Tuberculosis health visiting

It is the duty of all health visitors to undertake the visiting of tuberculous patients in their area and to make themselves responsible for ensuring that these patients receive all necessary help and advice.

During the year health visitors made 2,848 visits to tuberculous patients and their families and ensured that the contacts of cases were visited and encouraged to present themselves for examination, in order to safeguard the control of infection.

Two experienced health visitors work in liaison with staff of the Manchester Chest Clinic and of Baguley Hospital. They hold twice weekly consultations with the chest physicians and, at the request of the latter, they make domiciliary visits in urgent cases to investigate social backgrounds before patients are finally discharged from hospital. Where mothers require hospital treatment the health visitors make the necessary arrangements for the care of any young children, in co-operation with the Children's Department. In those instances where patients are unwilling to co-operate with the chest physicians, visits are made to the patients' homes, in collaboration with the area health visitor, to persuade patients to accept the necessary treatment. Primary investigations of patients in hospital is necessary when patients live alone or where there is no responsible person available to give the area health visitor the requisite information. These investigations are all carried out by the liaison health visitor.

Twice weekly the liaison health visitor attends the B.C.G. clinic. Where there are domestic difficulties or where patients have great hardship in attending the clinic, at the chest consultant's request Heaf tests are performed at the patient's home. This applies in cases where parents are indifferent to the protection of children from the disease.

The liaison health visitors are also in daily telephone contact with Manchester health visitors and other local authorities. Information is thus supplied and obtained regarding contacts and changes of address.

B.C.G. vaccination

In 96 sessions 1,017 pre-vaccination Heaf tests, 817 B.C.G. vaccinations and 639 conversion Heaf tests were carried out. Patients included newly arrived immigrant children, school-children missing appointments at school, student nurses and other hospital staff in addition to contacts of tuberculous cases. Additional information relating to B.C.G. vaccinations is given on page 41.

Home helps

Nine tuberculous patients temporarily unable to care after their families received the services of a home help who volunteered to undertake this work. This renders a valuable service which is very much appreciated.

All home helps working in a tuberculous household are volunteers and have a chest X-ray at least every two years. In all cases of active tuberculosis home helps are X-rayed prior to commencing duty in the patient's home and their stay of duty does not exceed a period of three months. Generally, however, most cases are non-active and so the help afforded to these patients by a particular home help can, if necessary, be extended indefinitely.

Department of Health and Social Security

Financial anxiety is frequently a major problem for the tuberculous patients and officers of the Department of Health and Social Security were most co-operative and understanding in assessing the needs of these families, irrespective of whether they were short or long term cases.

Food grants

Extra food and milk grants are provided free to tuberculous patients whose income falls below an approved scale, and family income margins are revised periodically by the Health Committee. The Committee's scale at the end of the year was as follows:—

			s.	d.	
One adult (single or widow)	..	..	110	9	per week
One parent and one child	..	..	145	0	„ „
Two adults	..	..	171	6	„ „
Two parents and one child	..	..	206	3	„ „
(Plus 35s. 3d. for each additional child)					

An allowance is made for rent where this exceeds 15s. per week. Twenty-six grants were made during the year.

Housing

One-hundred and thirty-nine applications for rehousing were received by the housing survey section. In every case a report on the medical aspects, especially in relation to infectivity, was obtained from the consultant chest physician. Subsequently the Medical Officer of Health recommended medical priority in forty-seven cases.

Colonisation

Under the scheme for the disabled, the Health Committee assumes financial responsibility for the maintenance of patients accepted by village settlements after a period of observation, and at the end of the year two patients were being maintained in Barrowmoor Hall Tuberculosis Colony near Chester and one at the Papworth Village Settlement, Cambridgeshire.

Loans

Beds and bedding are, where necessary, loaned to tuberculous patients, free of charge, in order to assist treatment and to secure the isolation of the patient. In certain instances gifts of bedding and clothing are also made to tuberculous patients and their families, the purchases being made possible as a result of a small legacy bequeathed to the Corporation and used specifically for the provision of bedding and clothing for tuberculous patients who are financially unable to purchase the items required themselves. Nursing requisites are also loaned, free of charge, to cases receiving domiciliary nursing care. Other services include the free distribution of sputum boxes and the disinfection of premises, bedding and clothing; 13 premises were disinfected during 1968.

Notification

On 31st December, 1968, there were 3,272 persons on the Tuberculosis Notification Register and 97 Manchester patients were receiving treatment in hospitals and sanatoria. There were no patients waiting admission to either hospital or sanatoria. New cases of respiratory tuberculosis notified decreased from 265 in 1967 to 261 in 1968. There were 171 male cases (176 in 1967) and 90 female cases (89 in 1967). In addition, the Medical Officer of Health was informed of 16 cases (12 male, 4 female) of respiratory tuberculosis from local registrars' death returns and 3 cases by posthumous notification.

New cases of non-respiratory tuberculosis increased from 27 in 1967 to 38 in 1968. There were 14 male cases (17 in 1967) and 24 female (10 in 1967) and the Medical Officer of Health was informed of 3 cases (1 male, 2 female) of non-pulmonary tuberculosis from local registrars' death returns.

Tuberculosis (pulmonary and non-pulmonary)
Incidence and deaths in age groups for years 1961-1968

Year	0—				1—				5—				15—				45—				65—				Total				Totals	
	Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		All forms		Deaths			
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases					
1961	—	—	—	—	15	—	27	—	3	—	2	—	178	2	27	2	139	31	4	3	17	3	23	—	382	51	39	5	421	56
1962	1	—	—	—	16	—	30	—	3	—	11	—	208	4	22	4	106	35	4	4	24	4	31	—	392	70	36	8	428	78
1963	3	—	—	—	21	—	20	—	4	—	8	—	145	4	21	4	100	27	5	3	15	3	21	2	310	50	35	9	345	59
1964	3	—	—	1	17	—	23	—	2	—	4	—	159	—	28	—	79	34	5	—	16	4	32	3	313	54	41	4	354	58
1965	2	—	—	—	11	—	13	—	2	—	4	—	143	1	31	—	106	20	14	2	21	1	28	—	308	45	49	2	357	47
1966	—	—	—	—	12	—	13	—	2	—	3	—	139	—	24	—	82	22	6	1	17	1	31	1	277	42	37	3	314	45
1967	1	—	—	—	8	—	12	—	1	—	5	—	144	—	17	—	77	19	5	—	18	4	23	1	265	42	27	2	292	44
1968	2	—	—	—	18	—	22	—	5	—	4	—	130	3	25	3	63	17	5	3	15	1	26	1	261	36	38	7	299	43

Summary of notifications of tuberculosis during the
period 1st January to 31st December, 1968

FORMAL NOTIFICATIONS															
Number of primary notifications of tuberculosis (new cases) by age															
	0-1	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)	
Respiratory, males	1	2	8	11	1	6	16	31	26	23	26	12	8	171	
Respiratory, females	1	5	3	3	7	8	12	20	11	7	7	6	—	90	
Non-respiratory, males	—	—	1	1	2	—	2	6	2	—	—	—	—	14	
Non-respiratory, females	—	—	1	1	1	1	4	7	3	3	2	—	1	24	

(Rates per thousand of the population)

The statistics for the year are shown in the following tables:—

Year	Primary notifications						Death rates, tuberculosis Manchester				Death rate, respiratory tuberculosis, England and Wales			
	Respiratory			Non-respiratory			Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M. Rate	F. Rate	Per-sons Rate	M. Rate	F. Rate	Per-sons Rate	M. Rate	F. Rate	Per-sons Rate	M. Rate	F. Rate	Per-sons Rate	M. Rate	F. Rate
1961 ..	0.84	0.34	0.58	0.05	0.07	0.06	0.12	0.04	0.08	0.01	0.01	0.01	0.01	0.065
1962 ..	0.85	0.35	0.59	0.00	0.04	0.05	0.15	0.06	0.11	0.02	0.01	0.01	0.01	0.059
1963 ..	0.66	0.30	0.47	0.07	0.04	0.05	0.13	0.02	0.08	0.01	0.02	0.01	0.01	0.056
1964 ..	0.67	0.32	0.49	0.06	0.06	0.06	0.14	0.03	0.08	0.01	0.00	0.01	0.01	0.047
1965 ..	0.70	0.28	0.48	0.06	0.09	0.08	0.13	0.01	0.07	0.01	0.00	0.00	0.00	0.042
1966 ..	0.64	0.26	0.44	0.05	0.07	0.06	0.11	0.03	0.07	0.00	0.01	0.00	0.00	0.043
1967 ..	0.59	0.28	0.43	0.06	0.03	0.04	0.11	0.03	0.07	0.01	0.00	0.01	0.01	0.037
1968 ..	0.59	0.29	0.43	0.05	0.08	0.06	0.10	0.02	0.06	0.01	0.01	0.01	0.01	0.030

Source of notification of tuberculosis

Source	Respiratory		Non-respiratory		Totals
	M. Rate	F. Rate	M. Rate	F. Rate	
Private practitioners ..	10	..	2	12	12
Manchester chest clinic ..	181	..	16	197	197
Baguley chest clinic ..	4	..	—	4	4
Other chest clinics ..	3	..	—	3	3
Manchester hospitals ..	57	..	19	76	76
Other hospitals ..	6	..	1	7	7
Totals..	261	..	38	299	299

Of the 299 notifications of all forms of tuberculosis in 1968, 74 referred to Commonwealth immigrants and 9 to European and other immigrants. The notification rates were:— 3·32 per 1000 population for the Commonwealth and other immigrants* and 0·36 per 1000 population for the remaining residents of Manchester.

**estimated population in Manchester, 25,000. The population of persons of the various nationalities is not known.*

The nationality, age and sex distribution of the Commonwealth and other immigrant cases notified was:—

Age group years	Commonwealth										Non-Commonwealth					
	Caribbean		Indian		Pakistani		Asian		African		Other		European		Other	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0- 4	3	0	0	2	0	1	0	0	1	0	0	0	0	0	0	0
5-15	3	2	0	1	3	4	0	0	0	0	0	0	1	0	0	0
16-40	7	2	1	6	14	9	1	0	3	2	0	0	2	3	0	0
41-60	3	0	1	1	3	0	0	0	1	0	0	0	1	1	1	0
over 60	Nil		Nil		Nil		Nil		Nil		Nil		Nil		Nil	
Total	16	4	2	10	20	14	1	0	5	2	0	0	4	4	1	0

The duration of residence in Manchester of the Commonwealth and other immigrant cases notified was:—

Years of residence at onset of illness	Number of notifications
0-	6
1-	9
2-	31
5-	19
10 and over	18
Total	83

Of the 38 new cases of non-respiratory tuberculosis notified in 1968, 25 were Commonwealth and other immigrants, whose country of origin was Pakistan (14), India (5), Caribbean (2), Italy (2), Germany (1) and Poland (1).

The site of disease in these 25 cases notified was neck glands (11), peritoneum (6), meninges (3), bone (2), renal tract (1), skin (1) and uterus (1). In the remaining 13 cases the site of disease was neck glands (5), meninges (2), endometrium (1), peritoneum (1), kidneys (1), bladder (1), axillary glands (1) and adrenal glands (1).

Commentary

While the notification rate of tuberculosis of all types has gradually fallen, especially since 1950, the rate of decrease of the non-respiratory disease has been less dramatic than that of the respiratory disease. The highest notification rates of respiratory tuberculosis in 1968 occurred in three groups; first, males aged 55 years and over, second, males aged 20–54 years and third, females aged 25–44 years.

The incidence of tuberculosis of all types was highest among Commonwealth immigrants. It appears likely that, while a minority were infected before entry to Britain, the majority are more likely to have developed the disease after entry to this country. This may well indicate an increased personal or environmental susceptibility to the disease, or both.

While it is obviously preferable for immigrants to be medically examined prior to arrival in Britain, it is equally important to protect susceptible persons from infection while resident here. For this reason, public health inspectors and health visitors visit newly arrived immigrants in order to advise them of the health services available. Subsequently, contact is maintained by routine visiting.

As in previous years a small, but by no means unimportant, number of cases of tuberculosis were first notified after death.

Of the 19 notifications of respiratory tuberculosis in this category, five were females and 14 were males. Of the five females, one was 45 years of age and the remainder were 65 years of age or over, the oldest being 86 years of age. The 14 males were distributed by age as follows:—40–45 years—two, 50–55 years—two, 60–65 years—three, 70–75 years—three and over 75 years—four, the eldest being 88 years of age. Of the three notifications of non-respiratory tuberculosis made after death, one male was 51 years of age and two females were 52 and 63 years of age respectively.

Mortality

Deaths from respiratory tuberculosis numbered 36, six less than in 1967, consisting of six females and 30 males. Four males and three females died from non-respiratory tuberculosis, compared with two males in 1967. The age and sex distribution of the tuberculosis deaths was:—

Age in years	Respiratory		Non-Respiratory	
	Male	Female	Male	Female
0–	0	0	0	0
15–	0	0	1	0
25–	1	0	1	0
35–	1	2	0	1
45–	4	0	1	0
55–	12	1	1	1
65–	5	2	0	0
75–	7	1	0	1

Mass radiography health survey

The following report has been supplied by Dr. J. Rimington, Medical Director of the Mass Radiography Service—Southern Division.

During 1968, the unit visited the following establishments within the City of Manchester.

Ardwick Green T.A.V.R. Centre.

Mather & Platt Ltd., Newton Heath.

Ancoats Lads' Club, Ancoats.

Christ Church Hall, Greenheys.

St. James' Church Hall, Moss Side.

Barrow Hill Sports & Social Club, Waterloo Rd., Cheetham.

H.M. Prison.

University of Manchester.

Institute of Science & Technology, Manchester.

R. Johnson & Nephew Ltd., Bradford.

N. W. Gas Board, Bradford Rd., Ancoats.

Francis Shaw & Co. Ltd., Bradford.

Manchester Town Hall Basement Clinic.

Employees of numerous firms and organisations in the immediate vicinity of most of these centres were X-rayed. Members of the general public residing in the following municipal wards were invited to attend specially arranged sessions: New Cross, Moss Side East, Moss Side West and Collegiate. All householders residing in these wards were sent a letter from the Medical Officer of Health indicating the centres together with the dates and times of the sessions, and urging them to take advantage of the mass radiography facilities. In addition, the surveys were publicised by means of posters and leaflets in shops, libraries, church halls and other buildings.

The results of the surveys are summarised in the following tables. Table I is based on a ten per-cent sample of the record cards completed during the survey. The table is not strictly accurate in detail, but is sufficient to give a fairly correct indication of the age and sex distribution of the various examinee groups attending the unit. The other tables are strictly accurate, having been compiled from the individual record cards.

Table I Persons Examined		15-		20-		25-		35-		45-		55-		60-		65 plus		All Ages		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
General practitioner referrals	.. ..	40	20	20	140	70	40	40	40	100	50	—	10	40	30	20	30	330	360	690
School children	.. ..	290	350	40	10													330	360	690
Contacts	.. ..	—	20	—	10			10		20	10			10	—	—		40	40	80
Factories/Offices	.. ..	1,500	1,610	2,000	1,800	2,530	1,090	2,370	1,410	2,220	1,210	1,140	590	720	130	140	30	1,2620	7,870	20,490
Inmates of prisons, etc.	.. ..	290	—	200	—	270	—	80	—	—	—	10	—					850	—	850
General public	.. ..	140	180	140	230	480	450	320	390	350	360	120	170	100	180	220	280	1,870	2,240	4,110
Total	.. ..	2,260	2,180	2,400	2,190	3,350	1,580	2,820	1,840	2,690	1,630	1,270	770	870	340	380	340	16,040	10,870	26,910
Table II Diagnosis Tuberculous cases		15-		20-		25-		35-		45-		55-		60-		65 plus		All Ages		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Tuberculosis—healed	.. ..					1	—	2	1	2	2	3	2	2	2	2	1		8	20
Tuberculosis requiring occasional clinic supervision	.. ..	1	—	1	2	7	—	11	6	10	8	8	4	4	2	2	4	44	26	70
Tuberculosis requiring treatment or close supervision	.. ..	1	2	5	1	6	3	4	2	8	2	1	1	1	—	2	1	28 (1.74)	12 (1.1)	40 (1.49)

	15-		20-		25-		35-		45-		55-		60-		65 plus		All ages	
	M		M		M		M		M		M		M		M		M	
	F		F		F		F		F		F		F		F		F	Total
General practitioner referrals			1	—	1	—											2	2 (2.8)
Factories/Offices	1	2	3	1	2	2	3	2	4	2	—	1	1	—			14	24 (1.1)
Inmates of prisons, etc.									1	—							1	1 (1.1)
General public					5	1			3	—	1	—			2	1	11	13 (3.1)
Total	1	2	4	1	8	3	3	2	8	2	1	1	1	—	2	1	28	40

The figures shown in brackets show the incidence-rate per thousand persons examined found with tuberculosis requiring treatment.

Table IV Non-tuberculous cases	15-		20-		25-		35-		45-		55-		60-		65 plus		All ages		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Malignant neoplasms							1	1	3	—	4	2	7	—	1	1	16	4	20
Non-malignant neoplasms					1	1							—	1			1	2	3
Lymphadenopathies	1	—	1	1					1	—							3	1	4
Sarcoids	2	—	1	—													3	—	3
Congenital cardiac and vascular abnormalities			—	2		1	—										—	3	3
Acquired cardiac and vascular abnormalities			1	1		3			2	3	3	3	4	—	1	3	12	13	25
Pneumoconiosis without p.m.f. . .						—			1	—	2						4	—	4
Congenital abnormalities of bony thorax and soft tissue							1										2	—	2
Acquired abnormalities of bony thorax and soft tissue			1	—	1	—	1	—	3	—	—	1	1	—			7	1	8
Bacterial and virus infections . . .	3	—	1	4	2	2	2	2	8	3	5	2	7	1		2	30	16	46
Bronchiectasis	1	—					1	1	2	—	1	—			1	—	6	1	7
Emphysema			1	—		—	1	—			3	—	4	—	1	—	10	—	10
Fibrosis			1	—		—	2	—	4	2	5	—	3	—	3	3	18	5	23
Spontaneous pneumothorax				—							1	—					3	—	3
Pleural effusion			2				—	1									—	1	1
Pleural thickening			1	—	2	—	3	2	1	1	2	1	3	2	2	—	14	6	20
Abnormalities of diaphragm							3	—	2	1	2	1	1	1	1	1	9	4	13
Miscellaneous			1	—	3	—	3	4	4	4	3	1	1	—			15	9	24
Total	7	—	7	5	13	6	19	15	33	14	31	11	31	5	12	10	153	66	219
Failed to attend for further investigation					1	—	2	1	2	2	3	2	2	2	2	1	12	8	20

Comments

Forty cases of pulmonary tuberculosis requiring treatment or close supervision were discovered giving a discovery rate of 1·49 per 1000. This is appreciably higher than both the national and regional discovery rates. Of the 16 cases where the findings are not yet available, there are two where the probable diagnosis is pulmonary tuberculosis requiring close supervision or treatment. If confirmed, this would bring the discovery rate up to 1·56 per 1000. The highest rates were amongst the general public examinations which were concentrated in the Moss Side, Ancoats and Cheetham districts. As usual, the general practitioner cases provided a high yield.

Twenty cases of lung cancer were found: the majority were middle-aged or elderly males. Amongst the outstanding cases there is one further probable case.

Numerous other significant abnormalities requiring investigation or treatment were discovered and are detailed in Table IV.

The provisional diagnosis in the remaining 13 outstanding cases is as follows:—

Pulmonary tuberculosis requiring occasional clinic supervision	3
Lymphadenopathies	1
Sarcoids	2
Congenital abnormalities of bony thorax and soft tissue	1
Bacterial and virus infections	2
Pleural thickening	1
Fibrosis	1
Miscellaneous	2

All the abnormal cases were referred to their own doctors, the majority for further investigation at a chest clinic or hospital. Our thanks are extended to the Chest Physicians at the various chest clinics in Manchester and the immediate vicinity.

At the time the report for 1967 was submitted, details of the examinations for the last four months of the year were not available. During that period 10,518 examinations were carried out and the following significant abnormalities were discovered:—

Tuberculosis requiring close clinic supervision or treatment	10 = 9·5 per 1000
Tuberculosis requiring only occasional outpatient supervision	29
Malignant neoplasms	1
Non-malignant neoplasms	5
Sarcoids (including enlarged glands)	1
Congenital cardiac and vascular abnormalities	1
Acquired cardiac and vascular abnormalities	16
Pneumoconiosis without p.m.f.	1

Haemodialysis in the home

Adaptations of homes to install artificial kidney machines

In January 1968, general approval was given by the Minister of Health to local health authorities for making arrangements under section 28 of the National Health Service Act, 1946, to adapt dwellings and provide any additional facilities necessary for installing equipment for intermittent units for the use of patients suffering from renal failure.

The Minister also approved the making, by the local authority, of such charges for the service as considered reasonable, after taking into account the means of the patient.

During the year, one application for home adaptation was received from the hospital authorities in the City. Consultations took place between the Health Department and the hospital concerned to ascertain the exact requirements and estimate the costs involved.

In September, the City Council approved a proposal to carry out the necessary adaptations and authorized further adaptations for this purpose to homes up to a limit of £300 per home.

In accordance with the Council's resolution, the necessary home adaptations were effected, after prior agreement with the patient's family on apportionment of the cost of the adaptations and the costs involved in restoring the property when haemodialysis is no longer required.

Discussions also took place with the Manchester Waterworks Department and arrangements were made for the Waterworks Department to be informed by the hospital authorities of all new installations of kidney machines, not only in the City but in the wider area supplied by the Manchester Waterworks Department.

The Waterworks Department agreed, whenever possible, to inform individual patients if and when the water supply was likely to be cut off. Accordingly, domiciliary patients could make the necessary adjustments to their treatment programme.

Early ascertainment

'At Risk' register

To ensure the earliest possible detection of potentially handicapping conditions, a register is kept of infants who are considered to have a special risk of developing such disabilities. The presence of adverse factors before, during or after birth, or the presence of an unfavourable family history justifies an infant being placed on the register.

Last year, 937 infants were placed on the register for the following reasons:—

Birth weight below 4 lb. 8 oz.	..	..	..	181
Birth asphyxia and/or cyanotic attacks	..	..	..	91
Abnormal neurological signs including convulsions, twitchings, meningitis and encephalitis	..	..	..	27
Apgar score below 7 (when no other adverse factor had been reported)	..	..	..	531
Hyperbilirubinaemia	..	..	..	90
Adverse family history	..	..	..	17

The total number of children on the register at the end of the year was 2,268.

Every effort was made by health visiting staff to ensure that these infants were examined regularly to assess their developmental progress. During the year 389 children were removed from the register for the following reasons:—

Normal development confirmed	..	..	..	264
Died	..	..	..	22
Removed from the City	..	..	..	80
Handicap diagnosed	..	..	..	23

Once a handicapping condition was diagnosed, the child was transferred to the handicap register.

Doubt was felt about the effectiveness of the register in its present form and further investigations are indicated.

Congenital dislocation of the hip

Congenital dislocation of the hip, if untreated, produces an obvious and tragic disability; the success of the treatment depends on the age at which the condition is diagnosed. The earlier treatment is started the better the prognosis, and the shorter the duration of the treatment.

All domiciliary midwives within the City carry out "Barlow's" test at the first examination, which is usually within one hour after birth. Doctors at the maternity and child welfare clinics perform one of the standard tests for diagnosing congenital dislocation of the hip at the baby's first visit to the clinic.

During 1968, 11 children were placed on the handicapped register due to this condition.

Screening tests of hearing in babies and young children

Screening tests are held weekly or fortnightly at sixteen child welfare centres in the City. Children who fail to respond to the tests are referred to the Department of Audiology of the University of Manchester.

Newly-qualified health visitors are trained in screening techniques by the Department of Audiology at a child welfare centre, and a selected group of senior health visitors attend an extended course at the Department of Audiology as required.

The Department of Audiology holds training courses for medical officers in the local authority clinics in the City.

Summary of screening tests undertaken

Centre	No. of sessions	No. of children tested	No. of children passed	No. awaiting repeat test	Referred to Department of Audiology
Abbey Hey	31	256	238	8	10
Ardwick	40	166	155	4	7
Baguley	24	129	127	2	—
Charlestown Road	29	205	199	2	4
Chorlton-cum-Hardy ..	21	191	187	2	2
(commenced 10-4-68)					
Collyhurst	18	141	136	1	4
Crumpsall	46	294	267	14	13
Darbishire House	42	306	288	5	13
Didsbury	25	235	229	2	4
Gorton	34	258	244	6	8
Harpurhey	12	154	140	11	3
Moss Side.. .. .	55	306	284	12	10
Northenden	33	221	205	9	7
Plant Hill	28	135	131	2	2
Withington	23	218	210	8	—
Woodhouse Park	43	324	296	13	15
Totals	504	3,539	3,336	101	102

Diabetes

Testing urine is part of the routine procedure of admission for all new patients admitted to the district nurses visiting lists. The patient's general practitioner is informed of any abnormality discovered.

During the year six patients were found to have glycosuria. The ages of five patients ranged from 68 to 81 years; one patient was 60 years of age. The six patients were referred to hospital by the general practitioner. Four attended diabetic clinics in out-patients departments and two were admitted to hospital.

Cervical cytology

There was increased interest in cytology in the City during the past year, and greater efforts were made to contact women in the high risk groups. As a result 1,534 women were tested in 1968.

Women were tested— (A) In local authority clinics.
(B) In industrial premises.

A) Tests taken at local authority clinics.

Cervical smears obtained from 1963 to 1968 at local health authority clinics.

	1963	1964	1965	1966	1967	1968
Negative smears ..	283	2,364	3,081	3,754	4,065	5,402
Positive smears	2	16	34	29	38	41
Suspicious smears ..	—	17	35	60	141	118
Total	285	2,397	3,150	3,843	4,244	5,561

Distribution of cytodiagnostic results by age groups, 1968.

	Under 20 years	20/29 years	30/39 years	40/49 years	50/59 years	60 years and over	No age given	Total
Negative smears	96	1,489	1,718	1,348	634	107	10	5,402
Positive smears	—	7	11	18	5	—	—	41
Suspicious smears	1	43	39	21	14	—	—	118
Total	97	1,539	1,768	1,387	653	107	10	5,561

Throughout the year 7½ cytodiagnosis sessions were held every week at child welfare centres. Cervical smear tests were also carried out routinely as part of the treatment given in the department's family planning clinics.

From 5,561 tests taken, 41 were found to be positive, an incidence of 7.37 per thousand. Compared with 1967 there was a decrease of 1.58 per thousand in the incidence of positive smears, due to a substantial number of routine repeat smears carried out during the year. The risk of positive smears in this group of women who previously had negative smears is known to be markedly reduced. However, further tests were necessary on 118 smears noted to be suspicious.

The presence of trichomonas and monilia infections was noted in 6.07 per cent and 3.45 per cent, respectively, of all cases.

The demand from women for an initial test at the local clinics did not increase in 1968, despite increased publicity.

(B) Tests taken at industrial premises.

Although evening clinic sessions were available the response from working women was noted to be poor. In view of this, employers of large numbers of women were asked to co-operate so that the tests could be carried out at the women's place of work. The vast majority of employers took advantage of the service and their assistance was reflected by the number of women who were tested at work.

The following table shows the results of the tests carried out.

Distribution of cytodiagnostic results by age groups, 1968.

	Under 20 years	20/29 years	30/39 years	40/49 years	50/59 years	60 years and over	No age given	Total
Negative smears	73	1,502	1,044	1,763	1,234	168	42	5,826
Positive smears	—	1	2	16	8	1	—	28
Suspicious smears	—	2	4	1	9	—	3	19
Total	73	1,505	1,050	1,780	1,251	169	45	5,873

Trichomonas—352 (5.99%) Monilia—226 (3.85%)

From 5,873 tests, 28 were found to be positive, an incidence of 4.77 per thousand.

Women tested in this way were generally of an older age group than clinic attenders and, therefore, at greater risk. However, one third of the women tested were unmarried and in these women the risk is much reduced. Comparatively few single women attend local clinics. The service has undoubtedly been successful in providing opportunities for women who probably would not otherwise have been tested. It is to continue next year for as long as required.

Domiciliary cytology

During the summer, the equivalent of two specially trained midwives carried out a domiciliary campaign to stimulate interest in an area of the City where there had been a particularly high prevalence of positive smears in the previous year.

The results of their 751 doorstep interviews are shown below.

Number willing to have test	222
(These women were given appointments to attend the local clinic)	
Number of refusals	262
Test not indicated	267

Seventy-eight women kept their appointment at the local clinic. Women who failed to do so were re-visited. Of these, 41 agreed to allow the midwife to carry out the test at home; 103 women said they no longer wished to have the test.

The 119 tests, of which two were positive, taken as a result of this campaign represent:—

- (a) 53·6 % of all women who initially agreed to have the test,
- (b) 24·6 % of all women in whom a cervical smear test was indicated, and
- (c) 15·8 % of all women interviewed.

The results of this experiment revealed the scope of personal contact by professional staff in the home as a means of persuading high risk women to accept the test.

High risk women who were unable to attend the clinics were referred to midwives for domiciliary tests and 100 such tests were carried out. This number is included in the total of the following table.

Distribution of total number of cytodiagnostic results by age groups, 1968.

	Under 20 years	20/29 years	30/39 years	40/49 years	50/59 years	60 years and over	No age given	Total
Negative smears	171	3,012	2,809	3,127	1,880	277	52	11,328
Positive smears	—	8	13	34	13	1	—	69
Suspicious smears	1	45	43	22	23	—	3	137
Total	172	3,065	2,865	3,183	1,916	278	55	11,534

Metabolic diseases in the newborn

The department has undertaken the routine screening of newborn infants for phenylketonuria, using the phenistix test. More sophisticated tests have now been devised which will detect other inborn metabolic disorders. One of these tests is now used in Manchester, replacing the phenistix test, a commencement having been made in December 1968.

In practice, a midwife will collect blood from the young infant by a heel prick and the sample will be sent to the Royal Manchester Children's Hospital for examination and a report. Any abnormality is reported to the family doctor.

Loan of sickroom equipment

Various items of nursing equipment continued to be available on free loan on application to either a district nurses' centre or directly to the Health Department.

Applications for such loans require substantiation by a doctor, district nurse, health visitor or midwife.

During 1968, there was a decrease in the number of persons applying for sickroom requisities, 1,720 applications being received as compared with 1,994 in 1967.

Laundry service

Fewer incontinent sick persons nursed at home required laundered bed linen and night attire, 258 patients being supplied compared with 338 in 1967.

Many aged and handicapped patients, formerly regarded as bedfast, were encouraged to become mobile during the day in order to minimise constant bed-wetting. It was found, subsequently, that the introduction of incontinence pads for use during the night adequately fulfilled the particular needs of these patients.

Patients needing laundered bed linen and night attire received deliveries of clean articles twice weekly when soiled articles were collected for laundering at Springfield Hospital.

One-thousand-one-hundred and fifty-three patients, compared with 1,102 in 1967, were supplied with disposable absorbent paper pads, which continued to be available as an alternative to linen draw sheets and which have proved most satisfactory in use, particularly in relation to the needs of doubly incontinent patients.

The problem of the disposal of soiled pads assumed even greater importance as redevelopment of the City continued and more areas became subject to smoke control orders.

Disposal is at present effected by either burning on domestic fires, through the normal refuse disposal service or by burning in incinerators. Incinerators capable of dealing with soiled pads are installed in all new multi-storey flats in the City and in all new purpose-built maternity and child welfare centres and combined clinics. Large incinerators have also been installed in certain other established maternity and child welfare and district nurse centres.

Arrangements to supply protective pants and interliners free of charge to necessitous disabled persons were continued. 133 persons availed themselves of this service compared with 132 in 1967. The service is available only on the recommendation of either a medical practitioner or a district nurse.

Chiropody

Since 1960, provision has been made by the Health Committee for chiropody to be given to patients in certain priority groups under Section 28 of the National Health Service Act 1946. Initially, the service was provided through voluntary organisations but, since April, 1965, a direct chiropody service has been operated within the City for the elderly, expectant mothers and the physically handicapped. Applications for treatment are usually made through general practitioners, private chiropodists, district nurses, health visitors, midwives or social and welfare workers. No charge is made for treatment.

Persons requesting domiciliary chiropody treatment are first visited by the Chief Chiropodist or a senior chiropodist who assess the degree of priority and undertake any urgent treatment and arranges any further treatment required.

The provision of a chiropody service for the elderly is essential to enable them to remain as active as possible, thereby reducing to some extent their dependence on other social services.

Regular municipal chiropody clinic sessions were held at 23 premises in the City. Chiropody clinic sessions at the new welfare centre at Trees Street, Crumpsall, started at the end of October and when, in November, the Cheetham maternity and child welfare centre was transferred to Smedley Street school clinic premises the chiropody clinic was also transferred.

The department now employs a Chief Chiropodist, four full-time senior chiropodists and 23 private chiropodists working part-time. It has still not been possible to recruit a complete staff of full-time chiropodists, despite an intensive recruiting drive in the spring. Most of the domiciliary chiropody is still being undertaken by private chiropodists, as is evident in the following table.

Domiciliary treatments

Month Chiropodist	January	February	March	April	May	June	July	August	September	October	November	December	Total
Private ..	604	470	492	552	543	508	531	578	550	408	516	496	6,248
Full-time ..	51	58	53	43	61	59	50	47	147	238	209	141	1,157
Total ..	655	528	545	595	604	567	581	625	697	646	725	637	7,405

The assistance given by district nurses was continued, but on a reduced scale during the second half of the year when minor treatment such as toe-nail cutting was restricted to patients already being visited by district nurses in the course of their normal nursing duties.

No patients were fitted with chiropodial appliances, mainly because of the staff shortage. However, with the increase in full-time staff it is hoped to commence an appliance fitting clinic shortly.

In September the Chief Chiropodist attended a course at Salford Technical College and obtained a certificate in Chiropodial Administration in Public Health.

The following statistics give some indication of the volume of work undertaken by the department's chiropody service.

Patients on the register at 31st December in 1966, 1967 and 1968

Receiving treatment	Elderly persons			Physically handicapped persons			Expectant mothers		
	1966	1967	1968	1966	1967	1968	1966	1967	1968
at municipal clinics	2,229	3,390	3,761	20	25	32	—	3	2
at home	1,906	2,228	2,099	90	79	53	—	—	—
total	4,135	5,618	5,860	110	104	85	—	3	2

Treatments in 1966, 1967 and 1968

Treatment received	Number of treatments (all classes)		
	1966	1967	1968
At municipal clinics	6,654	10,821	11,579
At home	8,229	9,225	7,405
Total	14,883	20,046	18,984

Only one voluntary organisation now provides chiropody treatment in the City on an agency basis and 683 patients were receiving treatment from this source at the end of the year.

The Chief Chiropodist and his staff again record their appreciation of the assistance they have received from private chiropodists.

Convalescence

Patients were sent for recuperative holidays to the following homes:—

Dr. Garrett Memorial Home, Conway (Children aged 2–5 years)	32
Delton Convalescent Home, Blackpool (Adults)	33
Lear Home of Recovery, West Kirby (Adults)	37
“Binswood”, British Red Cross Home, Didsbury, Manchester (Adults)	57
Knowle House mother and baby home, Handforth (Convalescent mothers with babies)	5

Adults were referred for a recuperative holiday by their general practitioner or by local health authority staff in the course of their routine visits. All patients were visited by a senior member of the health visiting staff to decide which type of convalescent holiday home available was suitable for each patient.

Patients accepted for a seaside holiday must be fit to travel to the holiday centre by public transport and not require any nursing or medical care.

More frail patients and those who were housebound were offered a place at “Binswood” provided they were not incontinent and were able to look after themselves.

Five mothers were offered and accepted a convalescent holiday at Knowle House mother and baby home. This facility is of value to mothers with a young child who need a recuperative holiday but do not wish to be separated from their child.

Family planning

The direct family planning service was introduced in December, 1966, with a weekly session at Moss Side. In 1967 the service was increased to six weekly sessions and in 1968 a further four sessions were introduced. There are now ten weekly family planning sessions held at ten different centres in the City. The sessions are arranged so that a day and evening session are within reasonable

travelling distance for all patients. The evening sessions continue to be popular with many women who are either in full-time employment and/or who would have considerable difficulty in arranging for the care of their small children during the day. When the husband takes over the care of the family on his return from work, the wife can attend the clinic on her own and, without any distraction, take full advantage of the services provided.

Seven doctors with special training in family planning (some full-time and some sessional) staff the ten sessions. In addition, all the full-time women doctors on the staff have attended a course of training for family planning and are available if required.

The duties of the nursing staff, who are recruited from the domiciliary midwives, have been extended to include routine examination and follow-up of patients fitted with an intrauterine device. This supportive service has proved of great help to the doctors who are thereby able to accept more new patients.

All the family planning midwives received a course of instruction in the temperature method of fertility control.

Patients attending clinics are now offered a full range of contraceptive methods and are given a choice, except when there are medical contra-indications.

In 1968, 12 midwives attended a course of training in family planning, organised by the Family Planning Association, making a total of 23 trained midwives on the staff.

Clerical duties and the sale of contraceptives are carried out by experienced centre clerks. The interest and devotion shown by these ladies has contributed in no small way to the undoubted success of the family planning service.

Details of patients and attendances by age group, 1967 and 1968

Year	Under 20 years		20/29 years		30/39 years		40 + years		Total No. of patients	Total No. of attendances
	No. of patients	No. of attendances	No. of patients	No. of attendances	No. of patients	No. of attendances	No. of patients	No. of attendances		
967	37	72	454	1,112	229	536	37	97	757	1,817
968	153	362	1,706	4,156	754	1,431	92	187	2,705	6,136

Darbishire House Health Centre

Two major difficulties with which the staff at Darbishire House have to contend are the restricted accommodation and the fact that many patients attending the centre do not remain for any length of time in the district. The former renders working conditions unnecessarily uncomfortable (the Tufty Club for example holds its sessions in a corridor of the building), while the latter is the cause of a certain amount of frustration. During the year, 593 families with children under five left the district and many other families moved residence within the same area. This makes the follow-up of cases a difficult and sometimes an impossible task for health visitors.

There was a slight reduction in the number of mothers who attended the ante-natal clinics. The mothercraft and relaxation classes, held weekly and conducted by a midwife and health visitor, are of real benefit and could be numerically increased were it not for the lack of suitable accommodation.

Mothers still tend to use the infant clinics as surgeries, although this practice is discouraged. Very few children are brought for routine examination of physical development. Twenty-one per cent of the children on the clinic register are Asian immigrants, many of whom attend the clinic weekly. A great deal of time is consumed in dealing with these patients, principally because of communication difficulties.

There was a good response to the introduction of measles immunization at the Health Centre but a slight reduction in the number of children immunized against smallpox, diphtheria, whooping cough and tetanus. This was possibly due to the large number of families who left the area before completing the immunization programme.

Screening tests of hearing were held weekly. More children under one year of age were tested than in previous years.

Sewing classes were held weekly and the Tufty Club provided instruction once a month in road safety for the very young.

Liaison between health visitors and the staff of children's hospitals and health visitors and general practitioners was satisfactory.

Rehabilitation of problem families.

An important function of the Health Department is rehabilitation. This includes provision of long-term help and support to problem families and also short-term assistance to families with a problem which has disrupted family life and happiness.

Department medical officers and health visitors are highly skilled and experienced in dealing with many of these problems which they encounter in their day-to-day duties.

The Family Planning Service run by the Health Department continues to be of great assistance, both by reducing the anxiety and tension produced by the fear of further pregnancy and also by giving advice to families where the problem is infertility.

Help in the work of rehabilitation is also provided by the Family Welfare Service, the Home Help Service and the Day Nursery Service.

Family welfare service

The Family Welfare Service was established in 1948 as a voluntary organization by Lady Jefferson, M.R.C.S., D.P.M., who continued as its Director until 1959.

The service had the following objects:—

To strengthen the idea of the responsibility of the home by seeking to prevent the break-up of marriages and the alienation of children from their parents.

To promote the adjustment of unhappy and childless marriages.

To deal with adolescent and similar personal difficulties.

In 1959, the Health Committee accepted the responsibility for the direct administration of the Family Welfare Service.

The Family Welfare Service is staffed by a team of four medical officers, a social worker and three clerks under the leadership of the Psychiatrist, Dr T. E. Grant.

The main centre for the work is Darbshire House, but weekly or fortnightly sessions are also held at four maternity and child welfare centres in the City. There are regular case conferences at Darbshire House.

Dr. Grant presents the following report on the year's work:—

“The Family Welfare Service, staffed by doctors and social workers with psychiatric supervision, gives guidance and help in family and personal problems. Whenever possible, all concerned members of the family seeking help are seen individually by different members of staff, and often over

period of time. The findings are then discussed at one of a series of case conferences at which training is also given to the staff. Patients are referred by general practitioners, health visitors, social workers and a variety of medical and social agencies. Of the problems dealt with the most common are those of marital disharmony and particularly that arising from psychiatric abnormality or emotional disturbance in one, or both, marital partners, frequently also with resulting disturbance in the children. Increasingly common are the problems of adolescence and early adult life.

Where psychiatric problems as such are concerned, the service offers no facilities for the treatment of the major acute illnesses which are treated by the hospital service. Those conditions referred to us are related to emotional disturbance, the prevention of major illness and the after-care of treated patients. Such require much understanding, help and some degree of supportive psychotherapy. The results, as seen in the avoidance of severe disorder and breakdown as well as in increased family stability, are consistently good and at times outstanding.

The conditions treated—less severe than requiring hospital treatment—necessitate, nevertheless, relatively prolonged and competent support and counselling on a psychiatric basis. Credit for the continuing success of the service must go to the staff, medical, social and secretarial, who, by personal aptitude and training, have fitted themselves for this work and maintain it most faithfully.”

Case load

			<i>Darbishire House</i>	<i>Northenden</i>	<i>Charlestown/ Collyhurst</i>	<i>Didsbury</i>	<i>Totals</i>
Old cases	..	..	42	25	17	14	98
New cases	..	..	52	56	18	13	139
Total cases seen	..		94	81	35	27	237
Total number of inter- views during the year			386	290	129	259	1,064

Sources of referral of cases:

General practitioners	..	..	64
Health visitors	..	..	38
Relatives	..	..	21
Maternity and child welfare clinics			20
Family welfare staff	..	..	18
Other patients	..	..	15
Citizens Advice Bureau	..	..	11
Medical social workers	..	..	10
Children's Department	..	..	8
Own initiative	..	..	7
Family Planning Association	..		5
Samaritans	..	..	5
Clergy	..	..	4
Marriage Guidance Council	..		3
Student health service	..	..	3
Press	2
Child guidance service	1
Mental health service	1
Probation service	1

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Diagnosis of problem:

Marital disharmony/separa- tion	98
Problems re another member of family	52
Children	..	..	..	39
Wife	..	..	..	7
Husband	..	..	..	2
Brother	..	..	..	2
Fiance	..	..	..	2
Psychiatric disorders	..	..	..	79
Depression	..	..	..	36
Personality problems	..	..	..	22
Obsessional	..	..	..	9
Anxiety	..	..	..	7
Schizophrenia	..	..	..	2
Other—Stammer	..	..	..	1
Urticaria	..	..	..	1
Sleepless	..	..	..	1
Sexual difficulties	..	..	..	7
Pregnancy	..	..	..	2
Frigidity	..	..	..	2
Contraception	2
Difficulties in sexual rela- tions	1
Financial problems	1

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Home help service

A service, commenced in 1967 to assist in the rehabilitation of selected problem families, was continued in 1968. This service is based on the concept that problem families may benefit more from long-term training given in the home environment where they will continue to live rather than from a temporary stay in the more sophisticated environment of a residential unit.

It is hoped that when the family see what can be achieved in their own home with its existing facilities and equipment, they will eventually be encouraged to maintain a reasonable standard of living with a minimum of supervision.

To achieve any success the family must be prepared to accept instruction and training from the home help. The home help must be someone who will see that the whole family, as well as the mother, participate in the practical running of the home.

For the family to receive full benefit from the training, the home help needs the support of other workers—for example, the health visitor, school welfare officer and case workers from the Children's Department or the Family Service Unit. Indeed, the results of the home help's efforts can sometimes be appreciated more by observing the children at school or outside the home than by looking for a dramatic change in the parents. This is illustrated by the following case history:—

A white mother, aged 41 years, married to a Pakistani, was widowed in the Autumn of 1967 and left with a family of eight children aged 11, 10, 9, 8, 7, 5, 3 and 1½ years. The husband had undertaken complete charge of the household, perhaps of necessity, and had managed the family quite well. On his death, the mother, who was devoted to her children, but had no idea of household management, was unable to cope and allowed the home and the children to become extremely dirty and neglected. The eldest son assumed the role of head of the family and was deferred to by his mother and siblings.

In spite of the bad conditions at home, the eldest son kept himself reasonably clean and tidy and ensured that he had adequate food. Unfortunately, he was too young to see his responsibilities to the younger children and his mother.

The mother eventually was persuaded by the health visitor to accept assistance and instruction. A selected home help undertook the training of this family in the essentials of housecraft, cooking and family budgeting. The initial cleaning of the home was carried out by the combined efforts of two home helps, and after the cleaning and accumulation of washing had been dealt with, teaching by the home help was given to the family on a full-time basis. The basic cleanliness of this home was complicated by the assorted animals maintained by the family as pets, few of which were house-trained. The home help accepted the training of the pets as another aspect of her job.

As the home conditions improved, the mother showed more initiative. For example, she began to bake cakes instead of buying shop confectionery, and insisted on doing her own marketing. She is willing to listen to advice, though not always does she act upon this advice.

The change in the children at school has been marked in that they attend school regularly, are cleaner, healthier and take much more interest in their work. The co-operation of the school welfare officer has been of great assistance. On occasions, when it seemed no progress was being made, his reports of the improvement in the children who attend school gave much needed encouragement.

The pre-school children in the family have also responded well and are now toilet-trained, can dress and undress themselves, they try to help in the home, for example, by setting the table and tidying away their toys.

The Family Service Unit have agreed to provide a case-worker who, it is hoped, will help the mother to accept a more dominant role in the household, and thus facilitate the gradual withdrawal of the home help.

Day nursery service

Only a few of the children who attend the day nurseries regularly come from problem families, since problem families rarely have the motivation to use this service. The parents may accept the offer of a place in a day nursery but attendance tends to be very irregular and short-term. However, even when the attendance is short-term and intermittent, the day nursery matron can play an important role in advising and training young and inexperienced mothers in the care of their children.

The day nursery matron has daily contact with the parent. In selected cases she may invite a mother into the nursery to give her a practical demonstration of basic child care.

E, aged 11 months, was the youngest member of a family of six children of an Irish tinker family. E was admitted to the nursery on a hospital recommendation as the child was discharged on treatment and special diet on account of coeliac disease.

E remained in the nursery from 11th September, 1967, until 15th June, 1968. In the initial period it was found that while the child gained weight during the week, much of the gain was lost during the weekend. After a discussion with the Deputy Administrative Medical Officer, Nursing Services, the mother agreed to come into the nursery for practical instruction in child care and in the preparation of E's diet. On two days each week for four weeks the mother came regularly and cared for her child under supervision. It was interesting to note the marked improvement in the mother's personal appearance during this period. Her progress in child care was less marked. She carried out her duties satisfactorily when supervised in the nursery but, tended to revert to her former ways when she returned home. This was partly due to her limited ability, partly to poor facilities at home and partly to the absence of support from her husband. The mother's interest in rehabilitation was temporary, and she ceased to attend the nursery. E also became absent. It was found that the mother had disappeared, leaving the children with her husband. All the children including E were taken into the care of the Children's Department.

Incidence of Blindness (National Assistance Acts)

The following information has been kindly supplied by the Chief Welfare Officer.

Follow-up of registered blind persons

	Cause of disability		
	Cataract	Glaucoma	Others
(i) Number of cases registered as blind during the year 1968 in respect of which section F of form B.D.8 recommends:—			
(a) no treatment	7	7	31
(b) treatment (medical, surgical or optical) ..	18	9	36
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	6	7	20
(iii) Number of cases at (ii) above in which:—			
(a) vision improved	1	—	—
(b) sight restored	—	—	—
(c) treatment continuing at end of year	6	5	12

Follow-up of registered partially-sighted persons

	Cause of disability		
	Cataract	Glaucoma	Others
(i) Number of cases registered as partially-sighted during the year 1968 in respect of which section F of form B.D.8 recommends:—			
(a) no treatment	3	4	11
(b) treatment (medical, surgical or optical).. ..	26	4	50
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	17	3	30
(iii) Number of cases at (ii) above in which:—			
(a) vision improved	1	—	—
(b) sight restored	—	—	—
(c) treatment continuing at end of year	10	3	19

Summary of register of blind persons for 1968

	<i>Twelve months ended</i> 31-12-1968							<i>Twelve months ended</i> 31-12-1967		
Number of cases on register at 31st December, 1967	1,162							1,165		
<i>add</i>										
Number of new cases .. .. .	..	..	..	..	..	..	..	108	125	
Removals into area .. .. .	..	..	..	..	..	..	..	20	21	
Cases re-certified .. .. .	..	..	..	..	..	..	..	—	1	
	<hr/>							1,290	<hr/>	1,312
<i>deduct</i>										
Number of deaths .. .. .	..	..	..	..	..	..	..	119	101	
Removals out of area .. .. .	..	..	..	..	..	..	..	30	47	
Cases de-certified .. .. .	..	..	..	..	..	..	..	1	2	
	<hr/>							150	<hr/>	150
								1,140		1,162
1968									1967	
<i>Males</i>					<i>Females</i>		<i>Males</i>		<i>Females</i>	
474					666		476		686	

Analysis of register of blind persons

	at	at
	31-12-1968	31-12-1967
Number of cases		
<i>Children:—</i>		
Under 5 years of age	3	5
5 to 15 years of age—at school	9	8
—not at school	7	6
<i>Adults over 16 years of age:—</i>		
At school	8	10
Under training	2	3
Not training but trainable	2	2
Trained but unemployed	2	—
Employed at blind institutions or elsewhere	136	141
Unemployed	971	987
	1,140	1,162

Age periods	
0- 4 years of age	3
5-10 " "	10
11-15 " "	6
16-20 " "	20
21-29 " "	33
30-39 " "	40
40-49 " "	88
50-59 " "	129
60-64 " "	87
65-69 " "	119
70-79 " "	308
80-89 " "	241
90 plus " "	56
	1,140

There was a reduction of twenty-two on the register of blind persons compared with 1967, the largest decrease of cases was in persons aged between 30 and 69 years. Eighty-five per cent of registered blind persons over 16 years of age were unemployed.

Summary of register of partially-sighted persons for 1968

	Twelve months ended 31-12-1968		Twelve months ended 31-12-1967	
Number of cases on register at 31st December, 1967	616		601	
<i>add</i>				
Number of new cases	98		104	
Removals into area	4		12	
	718		717	
<i>deduct</i>				
Number of deaths	43		47	
Removals out of area	17		19	
Cases de-certified	3		2	
Transfers to blind register	16		33	
	639		616	
	1968		1967	
Males	246	Females	233	Females
			383	

Analysis of register of partially-sighted persons

	at 31-12-1968		at 31-12-1967	
	Number of cases			
<i>Children:—</i>				
Under 5 years of age	2		1	
5 to 16 years of age—not at school	1		—	
5 to 16 years of age—at school	34		42	
Over 16 years of age—at school	3		5	
<i>Adults over 16 years of age:—</i>				
Under training	2		—	
Available for training	6		5	
Employed elsewhere	79		74	
Unemployed	512		489	
	639		616	
	<i>Age periods</i>			
2-4 years of age	2			
5-15 „ „	35			
16-20 „ „	32			
21-49 „ „	76			
50-64 „ „	101			
65 and over	393			
	639			

The number of registered partially-sighted persons increased by twenty-three compared with 1967, the largest increase of cases was in persons aged 65 and over. Eighty per cent of registered partially sighted persons over 16 years of age were unemployed.

Classification of cases of blindness certified and registered in 1968

	<i>Males</i>		<i>Females</i>	<i>Total</i>	
New cases from 1st January to 31st December 1968	39		69	108	
Number of deaths during 12 months	39		80	119	

<i>Ages at which blindness occurred</i>	<i>New cases</i>			<i>Present age periods</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
0	—	1	1	—	—	—
1-10	—	—	—	—	—	—
11-15	1	—	1	1	1	2
16-20	1	—	1	1	—	1
21-29	—	—	—	—	—	—
30-39	—	2	2	—	1	1
40-49	2	2	4	1	3	4
50-59	3	1	4	4	—	4
60-64	2	7	9	1	3	4
65-69	2	8	10	2	10	12
70-79	19	16	35	22	19	41
80-84	4	13	17	5	12	17
85-89	1	4	5	2	14	16
90 and over	—	4	4	—	6	6
unknown	4	11	15	—	—	—
Totals	39	69	108	39	69	108

<i>Other disabilities</i>	<i>Males</i>	<i>Females</i>
Physically defective	—	1
Hard of hearing	—	1

Causes of blindness

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cataract	10	15	25
Glaucoma	7	9	16
Diabetic retinitis	2	—	2
Macular degeneration	6	19	25
Myopia	1	9	10
Keratitis	2	1	3
Retinopathy	3	4	7
Choroiditis	2	1	3
Vitreous haemorrhage	—	3	3
Phthisis bulbi	1	—	1
Disciform degeneration	1	—	1
Thrombosis	—	1	1
Optic atrophy	1	2	3
Dislocated lens	—	1	1
Corneal ulcers	—	1	1
Uveitis	—	1	1
Central amaurosis	1	—	1
Aphakia	1	—	1
Functional amblyopia	—	1	1
Detachment of retina	—	1	1
Other causes	1	—	1
	39	69	108

Summary of statistics of blind persons for the last ten years

Year ended 31st December	Total on register	New cases	Cases re-certified	Deaths	Cases de-certified	Transfers into area	Transfers out of area
1959	1,255	136	1	152	8	22	28
1960	1,233	137	1	153	1	28	34
1961	1,202	117	—	144	—	19	23
1962	1,219	144	—	199	2	26	32
1963	1,204	154	—	141	2	21	50
1964	1,192	132	1	136	1	28	36
1965	1,189	144	1	137	—	17	28
1966	1,165	132	1	139	2	30	46
1967	1,162	125	1	101	2	21	47
1968	1,140	108	—	119	1	20	30

Monsall Cleansing Clinic

The following tables give details of the numbers of persons treated at the clinic and the sources from which they were referred to the clinic.

Year	Scabies						Verminous conditions					No. of aged persons bathed	Total number of all treatments given
	First treatment only					No. of second treatments given							
	Adult males	Adult females	School children	Children under 5	Total new patients		Adult males	Adult females	School children	Children under 5	Total		
1968	142	165	232	121	660	578	591	17	218	12	838	19	2,095
1967	160	209	331	168	868	770	703	20	296	16	1,035	38	2,711

Sources from which persons were referred to clinic

	Voluntary	Hospitals	G.P.'s	H.V.'s	Day nurseries and clinics	Public health insps.	Children's dept.	Welfare dept.	Hostels	Other local auths.	Misc.	Totals
Scabies	—	21	377	76	12	—	6	2	—	159	7	660
Verminous conditions	21	13	3	9	204	2	8	4	534	37	3	838
Aged persons for bathing	—	1	3	12	—	—	—	1	1	—	1	19
Total	21	35	383	97	216	2	14	7	535	196	11	1,517

The tables indicate that patients attending the clinic ranged in age from the very young to the very old and were referred for treatment from a variety of sources. Homeless males residing in hostels contributed the largest proportion

It is heartening that there is in every category a fall in numbers compared with 1967. This is especially so in the case of school children and children under five

Eighty-six students visited the clinic, 75 from Crumpsall Hospital and 1 from Salford Health Department. They were able to follow the work in progress and also visited the equipment sterilisation units.

Immigration

The Medical Officer of Health received, from Port Health Authorities throughout the country, advice notes giving the names and addresses of 769 long-stay immigrants who had arrived at airports and seaports and whose destination was stated to be Manchester. Arrangements were made for public health inspectors to visit these immigrants and it was found that one had returned to the country of origin and 21 had travelled to addresses in other local authorities' areas. The advice notes referring to these 21 immigrants were therefore forwarded to the Medical Officers of Health of the local authorities concerned.

The following table gives details of the remaining 747 immigrants notified.

Country where passport issued, as stated by Port Health Authority	Number of immigrants notified as travelling to addresses in Manchester during each quarter					Numbers of immigrants with whom contact was made during the year	
	March Qtr.	June Qtr.	September Qtr.	December Qtr.	Totals for year	Immigrants who arrived during	
						Dec. Qtr. 1967	The year 1968
Commonwealth countries:—							
Caribbean	68	49	60	41	218	5	169
India	7	32	21	35	95	4	69
Pakistan	33	68	70	68	239	1	141
Other Asian	4	10	12	16	42	—	16
African	8	2	23	43	76	—	42
Other	1	12	8	6	27	—	9
Non-Commonwealth countries:—							
European	5	8	5	5	23	—	7
Other	6	4	11	6	27	—	11
Totals	132	185	210	220	747	10	464

Contact was made with 62 per cent of the immigrants, a decrease of 15 per cent on the previous year. Failure to make contact with an immigrant is frequently due to the immigrant travelling directly to an address different from the notified one, as, for instance, when the immigrant's sponsor moves to a new address after the immigrant has made application for an entry permit. When this happens the immigrant usually becomes untraceable.

Those immigrants with whom contact is made are advised to register with a medical practitioner with a view to chest X-rays being arranged; all children and those adults who require it are offered facilities for tuberculin testing and B.C.G. vaccination. Information about the immigrants is then passed on to the Nursing Services Division and the School Health Service so that follow-up visits can be made if necessary.

The health visiting staff ensure that everything possible is done to bring to the notice of immigrants the health services available. They can attend family planning sessions and if they have problems in this matter or any other they are encouraged to consult their local clinic and the staff of the Health Department at the Town Hall. Matters relating to employment or arrangements for relatives to enter this country are referred to the Liaison Immigration Officer of the Council for Community Relations in Manchester.

There are still a great many obstacles to be overcome in dealing with the welfare of immigrants and the foremost is still that of communication. This is not solely a matter of language, although this naturally holds pride of place. There is also the confusion, just as formidable, which arises over the seemingly arbitrary choice of names. Although a minority has fallen in with the national custom there are still many parents who do not adopt the use of a common surname and this leads to difficulties of identification.

The Indian and Pakistani mothers seem to be housebound and insular by nature and it is hard to break down barriers of reticence and shyness. African immigrant women on the other hand, who are mostly engaged in full-time employment or education, are eager to hand their children over to foster-parents. This, together with unsatisfactory day-minding practices by other immigrant groups, leads to confusion and makes the tracing of children by health visitors doubly difficult.

It is often necessary to make evening visits to meet the parents. The co-operation of immigrant leaders is sought to help in explaining to parents that the day-minding regulations are enforced by the department in the best interests of their children.

There continued to be good liaison with the Council for Community Relations, the Administrative Medical Officer (Nursing Services) and the Superintendent Health Visitor being advisory members of the Health Sub-Committee of that organization.

Mental Health Services Division

Administration

The Mental Health Sub-Committee, which meets monthly, consists of all members of the Health Committee and is responsible for dealing with all questions arising out of the powers and duties of the Council under the National Health Service Acts and the Mental Health Act, 1959, relating to mental health. Any three members of the Health Committee are authorized to exercise the power of the local health authority under section 47 of the Mental Health Act, 1959, to discharge a patient from guardianship.

Staff

It is with great regret that the death, in October, of Dr. E. Howard Kitching, has to be reported. Dr. Kitching had been part-time consultant psychiatrist to the mental health service since 8th March, 1958, and tribute is paid to the excellence of his advice and help to the staff of the department.

The approved assignment of staff of the division, excluding training centres, hostels and the day centre is as follows:—

Administrative medical officer	1
Chief administrative assistant	1
Deputy chief administrative assistant	1
Senior administrative officer (accounts)	1
Senior mental welfare officer	1
Casework advisers	4
District mental welfare officers	4
Mental welfare officers	20
Welfare assistants	4
Employment officer	1
Records clerk	1
Accounts clerk	1
General duties clerks	2
Shorthand and audio-typists	4

The following tables give details of the staff assignments at the training centres for the mentally subnormal:—

Junior training centre staff

Centre	Supervisors	Senior assistant supervisors	Assistant supervisors	Physio-therapist	Nursery assistants
Blackley	1	1	4	—	1
Miles Platting	1	1	5	1	5
Northenden	1	1	10*	1	6
Rusholme	1	1	9*	—	4
Supply assistants	—	—	2	—	—
Totals	4	4	30	2	16

* Includes one male handicraft instructor.

Four temporary assistant supervisors are employed to replace staff on courses.

The assignment includes a part-time speech therapist, but this post was vacant at the end of the year.

Twenty-two members of the staff hold the Diploma for Teachers of the Mentally Handicapped and two hold an alternative qualification or are recognised as qualified on grounds of experience.

The proportion of qualified teaching staff in the junior training centres is 63 per cent, which compares very favourably with the national average and reflects the benefits of a continuing policy of seconding staff to courses of training.

Adult training centre staff

Centre	Chief training officer	Manager	Senior instructors	Instructors	Attendants	Clerks
Blackley.. .. .	} 1	1	4	11	2	2
Wythenshawe ..		1	4	11	2	2
Totals	1	2	8	22	4	4

Six members of the staff hold the Diploma for Teachers of the Mentally Handicapped, one holds a Bachelor of Arts degree and one a Bachelor of Arts degree and the Diploma of Education.

Co-ordination with hospitals

Mental subnormality and severe subnormality

The number of mentally retarded patients on the waiting list for admission to hospital increased from 70 to 74, all in the severely subnormal category. This total includes 27 patients who are accommodated by the Manchester Regional Hospital Board in special accommodation other than subnormality hospitals but who, for administrative purposes, remain shown on the waiting list.

In spite of the distance from Manchester, of Calderstones Hospital, the catchment hospital, liaison between the hospital and the mental health service is good. Mental welfare officers have access to the hospital for consultations and, in addition, Dr. C. M. Brennan, the medical director of the hospital, holds a monthly clinic at the Rusholme junior training centre where he sees new patients for the hospital waiting list, reviews patients already on the waiting list and gives advice and support to relatives, mental welfare officers, and the staffs of training centres and hostels.

Type, age and sex distribution of patients awaiting hospital admission
Subnormal and severely subnormal persons

Time on waiting list	Males						Females						Totals
	Under 16			16 and over			Under 16			16 and over			
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	
Over 2 years	4	14	—	—	4	—	6	6	—	3	8	—	45
1 to 2 years	1	7	—	—	4	—	1	4	—	—	2	—	19
Under 1 year	—	3	—	—	1	—	1	5	—	—	—	—	10
Totals	5	24	—	—	9	—	8	15	—	3	10	—	74

(a) Cot and chair cases
(b) Ambulant severely subnormal
(c) Ambulant subnormal

The following table gives details of reports provided for psychiatric hospitals for the subnormal and severely subnormal:—

Social histories and reports on patients and their home circumstances

Type of report	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Social history	34	44	38	33	149
Progress reports	—	12	—	—	12
Leave of absence reports ..	—	3	—	8	11
Reports relating to examination of need for continued detention	—	8	2	5	15
Totals	34	67	40	46	187

The number of admissions to hospital were as follows:—

Subnormal and severely subnormal persons admitted to psychiatric hospitals

Method of admission	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Informal	5	7	—	9	21
Emergency	—	—	—	—	—
Observation	—	2	1	2	5
Treatment	—	—	—	3	3
Hospital order	—	8	—	2	10
Short-term care	37	20	25	28	110
Totals	42	37	26	44	149

Mental illness

One mentally ill adult was on the waiting list for admission to hospital at the end of the year.

In December, 1964, a pilot scheme for closer integration between Prestwich Hospital and the mental health service was instituted which co-ordinated one female ward at the hospital with the central mental health service district. All female patients from that district were referred to the consultant-in-charge of the ward, who made the decision as to the appropriate type of treatment, i.e. whether to admit the patient, see her at his out-patient clinic and treat her as an out-patient at the hospital or through the general practitioner, or to make a domiciliary visit through the general practitioner. Due to staff changes at the hospital, the pilot scheme had to be suspended in July, 1965. Had this not been the case, it was hoped that, as the scheme worked well, it would have been extended and this hope is still entertained.

The present position is that the mental health service is notified of patients who are to attend the out-patient clinic of the hospital and arrangements are made for them to be accompanied by the appropriate mental welfare officer where necessary.

An innovation is the establishment of weekly case conferences between mental welfare officers and the consultant responsible for the male side of the hospital, when discharges are discussed and guidance given by the consultant on the after-care of individual patients. It has so far not been possible to extend case conferences to the female side.

The following tables give details of mentally ill persons admitted to hospital:—

Mentally ill persons admitted to psychiatric hospitals through the mental health service

Method of admission	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Informal	—	106	—	163	269
Emergency	—	62	—	84	146
Observation	—	68	—	120	188
Treatment	—	8	—	13	21
Hospital order (Section 60) ..	—	25	—	5	30
Hospital order (Section 66) ..	—	1	—	—	1
Totals	—	270	—	385	655

Disposal of patients admitted for observation or in an emergency

Disposal	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Informal	—	82	—	135	217
Treatment	—	2	—	1	3
Discharged	—	39	—	60	99
Not completed	—	7	—	8	15
Totals	—	130	—	204	334

Patients known to have been admitted direct to psychiatric hospitals

Method of admission	Males	Females	Totals
Informal	258	236	494

There were 31 patients dealt with on behalf of other local health authorities 19 of whom were admitted to hospital; informal patients comprised 86 per cent of all admissions.

Work in the community

Mental illness

Prevention, care and after-care

The following table gives details of the work done in the prevention, care and after-care of mental illness:—

Prevention, care and after-care of mental illness			
	Males	Females	Totals
Social histories	1	2	3
Number of initial visits.. .. .	185	337	522
Number of continued visits	1,141	2,011	3,152
Removed from care	134	154	288
Referred for medical report:—			
to general medical practitioner	44	56	100
to psychiatrist or clinic	35	57	92
Interviews with other agencies, departments or employers	312	454	766

The difficulty experienced in recruiting mental welfare officers, combined with the need to second officers to full-time training from within the approved assignment in order to ensure an increase in the numbers of qualified staff, has meant that some work in the prevention and after-care of mental illness has had to be sacrificed. The number of initial visits is down by 37 per cent, compared with 1967, and the number of continued visits is down by 24 per cent.

The shortage of staff has meant that it has been extremely difficult to plan and undertake any long-term casework and the service has been forced to concentrate its efforts on emergency work, rather than on the preventive aspect where the benefit to the community would be greater.

To be effective, casework should commence when the first signs of a breakdown become manifest. This necessitates close ties with general practitioners, health visitors and family caseworkers, together with intensive casework, and this is impossible with a depleted staff or, indeed, within the present approved assignment of the service.

The day centre and club for the mentally ill which plays an important role in this branch of the service has been re-organised on the lines of a therapeutic community. The centre has also been integrated with day care facilities for a total of 30 patients at Forrester House and Plymouth House, the two hostels for the mentally ill. An account of the work of the day centre is given at the end of the section dealing with mental illness.

An evening club is operated at the day centre on two nights, Monday and Thursday, of each week, when attendances vary between 20 to 30 and 15 to 20 respectively.

The staffing of the day centre has been changed and is now as follows:—

- 1 Casework adviser
- 1 Group therapist-in-charge
- 1 Group therapist
- 1 Part-time instructor (domestic subjects)
- 3 Domestic staff

The casework adviser, a psychiatric social worker, is responsible for casework at the day centre and at the two hostels for the mentally ill.

The number of notifications of mental illness during the year was 1,439, a decrease of 67 on the figure of 1,506 for the previous year.

Notification of mental illness

Source of notification	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
General medical practitioners ..	—	246	—	434	680
Hospitals and clinics	—	94	—	94	188
Police authorities	—	91	—	47	138
Other corporation departments	—	39	—	87	126
General public	—	21	—	29	50
Other sources	—	125	—	132	257
Totals	—	616	—	823	1,439

Disposal of cases notified

Type of disposal	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
To hospital.. .. .	—	270	—	385	655
Referred to other departments or agencies	—	7	—	7	14
Home visits	—	105	—	147	252
No further action	—	233	—	284	517
Awaiting disposal at 31.12.68 ..	—	1	—	—	1
Totals	—	616	—	823	1,439

Day centre and club

In January the day centre was re-organised on a therapeutic community basis as part of a comprehensive rehabilitation scheme for recovered psychiatric patients. As the main unit in an integrated system incorporating day care facilities at the hostels, Forrester House and Plymouth House, the day centre has dealt with patients in the community who needed to spend some time taking stock of the ways in which the development of psychiatric illness has changed their lives, and has had to provide facilities for them to deal effectively with these problems.

Since the most common complaint of the recovered psychiatric patient is loss of confidence, the staff of the centre have had to adopt techniques of wide application than those simply relating to the work situation. For this reason the occupational and industrial therapy, previously the principal activities of the centre, have been superseded by a rehabilitation regime of group therapy, industrial work and recreation.

In order to involve them fully in the centre, patients are required to arrange all activities themselves by discussion with the staff at weekly business meetings. From this, they tend to gain a feeling of responsibility for their welfare and an awareness of their own particular importance. The staff are in ultimate control of finances and security, but all practical problems of the community are given to committees and various groups of "members", as they are now called, to work out.

This has resulted in spontaneous ideas about activities in the centre regularly originating from the members, some of which are as follows:—

Self help plan—working parties to help individual members with home repairs and decorations.

Clothing bank—working parties to repair members' clothing and to collect good quality cast offs for the needy.

Cookery group—weekly cooking groups to cook the mid-day meal for the whole community each Friday.

Therapy in small groups is available to every member as well as individual counselling on personal problems and, through this, the members come to re-learn that normal life is often a stressful experience. It is found that dealing with the complex emotional situations which arise in small groups does much to help members tolerate worry and aggression when they meet them in everyday life.

Industrial contract work is retained as an activity and the money earned from this source provides an income from which amenities for the community may be bought, after discussion by the members at the weekly business meeting. The most recent example of this was the provision of a Christmas party for the entire day-care groups from the day centre and both hostels, which sixty members attended and which was organised by the members with little staff help.

Despite the fact that payment to members for contract work was dispensed with in March, the members work consistently on the contracts to provide a community income. No member left the centre as a result of the curtailing of individual payments and, in the year, the total attendance has risen from 24 in January to 40 at the end of the year. The average length of attendance is now approximately five months, whereas previously it had been slightly over nine months. Nine members had to return to hospital in the year, but only two needed a prolonged period of stay there.

Mention should be made of counselling groups, which are held in the centre in the evenings for the relatives of members. Six-week courses, of help or management and practical support for relatives in dealing with everyday problems arising with patients, are arranged at regular intervals when staffing permits. The attendance is somewhat low at these meetings, about 35 per cent of those initially invited attending the meetings, but those who came seemed to derive some help and were able to reinforce the work of the centre. Of two pilot groups, a total of 16 families, only three members were still in need of help after six months. The reports on the other thirteen members indicate that the patients are all at work or at home (e.g. housewives) and coping satisfactorily. Since this work with the families of members has proved to be beneficial, it is intended, if possible, to develop this further in the future.

Subnormality and severe subnormality

Details of the number of subnormal and severely subnormal persons referred are as follows:—

Males		Females		Total
Under 16	16 and over	Under 16	16 and over	
30	44	32	33	139

Removal from care

There were 208 subnormal and severely subnormal persons removed from care.

Number of persons receiving care in the community by the mental health service at 31st December, 1968

Mental illness and psychopathic disorders				Subnormality and severe subnormality				Total
Males		Females		Males		Females		
Under 16	16 and over	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over	
—	1,044	—	1,166	204	488	186	463	3,551

The total number of visits by mental welfare officers was 15,412.

Junior training centres

The four junior training centres are situated at Blackley, Miles Platting, Rusholme, and Northenden. All are purpose-built; facilities for the care of severely subnormal children with additional physical handicaps are provided by a 10 place crèche at the Rusholme Junior Training Centre and by two-20 place special care units at the Northenden and Miles Platting junior training centres. At the latter two centres physiotherapy facilities are provided.

The newest centre, the Miles Platting junior training centre, was officially opened by Dr. P. Buckley, Chairman of the Health Committee, on 27th March.

As the new Wythenshawe adult training centre will not become fully operational until the New Year, it was necessary for 39 of the under 16 year old group to attend senior classes in junior training centres.

Junior training centres
Number of pupils on registers at 31st December, 1968

Training centre	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Blackley	22	5	25	1	53
Miles Platting	31	5	38	4	78
Rusholme	55	8	49	2	114
Northenden	60	4	49	10	123
Totals	168	22	161	17	368

Ten hired buses are used to convey pupils to and from the junior training centres, and supervisory duties on the buses are carried out by part-time guides. Children are conveyed to-and-from the special care units at the Northenden and Miles Platting junior training centres by two mental health service special vehicles and to the crèche at the Rusholme junior training centre by sitting-case ambulance.

Mid-day meals are cooked on the premises, except in the case of the Blackley junior training centre where meals are delivered by the school meals service. A charge of 9d is made for mid-day meals but, in case of financial hardship, there is no charge. Each child under the age of 16 years receives $\frac{1}{3}$ pint of milk free daily and the older pupils have cups of tea.

By arrangement with the Education Department, the examination and treatment facilities of the school health service are available to pupils of school age. Medical examinations for adult pupils at the junior training centres and trainees at the adult training centres are carried out where necessary by Health Department medical staff.

Dental care of children in junior training centres

Children in attendance at junior training centres were inspected and treatment was provided for those children whose parents desired it. Where the treatment was of a simple nature and the condition of the child good, it was provided at the clinic nearest to either home or centre whichever the most suitable. In other cases, where extensive treatment was required and the child was severely handicapped, treatment was provided at either Plant Hill or Withington clinics. Intubation anaesthesia by a consultant anaesthetist allowed the dentist ample time to complete all treatment,—fillings and extractions,—necessary to make the child dentally fit. Co-operation with the ambulance service made transport available before and after the operative procedure.

In some cases it was their second or third visit for treatment and the children were quite happy to go to sleep to find, on waking, all dental treatment finished.

Continuity of treatment is most desirable and many parents whose sons or daughters are now grown up who have had treatment under general anaesthesia, make their own arrangements at the clinic for further treatment. One such case, a girl of 23 years of age, had fillings, extractions, and partial upper and lower dentures provided, greatly improving both her general wellbeing and her physical appearance, to the delight of herself and her parents.

Adult training centre

Adult training centres
Number of trainees on registers at 31st December, 1968

Training centre	Males	Females	Totals
Blackley	96	98	194
Wythenshawe	53	37	90
Totals	149	135	284

The Blackley adult training centre situated in the north of the City has been supplemented by the new Wythenshawe adult training centre in the South. Both centres have places for 100 males and 100 females, bringing the total number of adult training centre places to 400.

The new Wythenshawe adult training centre, which received its first intake of trainees on 11th November, is specially designed with workshops being on the open plan and capable of easy sub-division and modification where necessary to cater for the changing work situations and training needs.

The training accommodation at the centre consists of a metalwork shop, a woodwork shop, a finishing shop, a contracts workshop, an industrial sewing shop, a handicrafts room, a paint shop, and an outside workshop, all at ground level. The first storey comprises two classrooms, a domestic training flat, and a cookery room.

There is a large hall for social occasions and a dining hall with cafeteria service, mid-day meals being cooked on the premises.

Before the provision of the Wythenshawe adult training centre, trainees from South Manchester were faced with a long journey to the Blackley adult training centre. The first intake of trainees at the Wythenshawe adult training centre was, therefore, those residing in the south of the City, thus reducing the amount of time they had to spend in travelling. Early in the New Year the second intake at the Wythenshawe adult training centre will consist of persons on the waiting list and those over 16 year old at the junior training centres.

Eight hired buses serve the adult training centres; mid-day meals are provided on the same terms as at the junior training centres, and cups of tea are provided for the trainees. The hours of the centres are from 10.0 a.m. to 4.30 p.m., with seven weeks holiday each year compared with 13 weeks at the junior training centres. Incentive allowances of up to 30/0d. per week are paid to trainees.

The average daily attendance at all training centres was 83%.

Residential accommodation

The number of residential places now available is 117, consisting of 32 places for children at the Northenden residential unit, 28 places for adult male sub-normals at Summerhill hostel, 29 places for mentally ill women at Forrester House, and 28 places for mentally ill men at Plymouth House.

The staffing of the hostels is as follows:—

Staff	Summerhill	Forrester House	Plymouth House	Northenden residential unit
Superintendent (resident)	1	1	1	1
Matron (resident)	1	1	1	1
Assistant superintendent (resident)	1	—	1	—
Assistant matron (resident)	1	—	1	—
Assistant matron (non-resident) ..	—	1	—	1
Night attendants	—	—	—	4
Children's attendants (part time)	—	—	—	20
Cooks	1	2	2	2
Domestic assistants (part-time) ..	2	2	2	2
Handymen (part-time)	1	1	1	1
Laundress/seamstress	—	—	—	1

There were 71 admissions to the Northenden residential unit, 11 long stay children (for periods of over two months) and 60 for short-term care; at the end of the year 21 children were in residence.

Although Forrester House is primarily for the mentally ill it was necessary, because there is no hostel for adult female subnormals, to admit a small number of that category. These minority residents had to be selected carefully in an attempt to integrate them with the other residents. This presents a problem no matter how careful the selection as it is extremely difficult for the subnormals to fit into the rehabilitative programme for the mentally ill.

The total number of admissions and discharges for the year at Summerhill Forrester House and Plymouth House were as follows:—

Admissions

<i>Reason for admission</i>	<i>Summerhill</i>	<i>Forrester House</i>	<i>Plymouth House</i>	<i>Totals</i>
Discharged from hospital	13	12	24	49
Incompatible home	5	5	4	14
Behaviour disorder	—	—	2	2
No home	2	5	6	13
Short-term care	11	18	10	39
Totals	31	40	46	117

Discharges

<i>Reason for discharge</i>	<i>Summerhill</i>	<i>Forrester House</i>	<i>Plymouth House</i>	<i>Totals</i>
To private accommodation	11	15	15	41
To relatives	4	2	9	15
To hospitals	3	2	7	12
Absconded	3	—	1	4
Insuitable	—	1	—	1
To home ex short-term care	11	18	10	39
To remand centre	1	—	—	1
Died	1	1	2	4
Totals	34	39	44	117
Number of residents at 31.12.68	25	26	26	77

At Forrester House two residents were in employment on admission and a further 19 were found employment during the year; at Plymouth House six were in employment on admission and a further 18 were found employment; at Summerhill five were in employment on admission and a further eight were found employment.

At 31st December, seven residents at Forrester House were in employment, 12 were seeking employment, four were employed about the hostel, one was attending the adult training centre and two the day centre. At Plymouth House five of the residents were in employment, eight were seeking employment, nine were attending the day centre and four were employed about the hostel. At Summerhill four residents were employed, four were seeking employment, nine were attending the adult training centre, two were on the domestic staff of the hostel and six were employed about the hostel and its grounds.

At Forrester House and Plymouth House weekly house meetings of residents and staff are held with the casework adviser in attendance. The meetings discuss domestic matters relating to the day-to-day running of the hostels and residents are encouraged to take the major part in the discussions as part of the rehabilitative process.

Because of the limited number of hostels it has been the policy to accept as far as possible only those residents who have reasonable prospects of progressing from the hostel into the open community. To do otherwise, i.e. to accept those who require permanent hostel care would block the hostels and prevent a return to the community of many patients who are capable of doing so and of thus leading a full life contributing to, rather than burdening, the economy.

Experience has shown that it is harder to return women to the community than men when they are single and require accommodation. The main reason is that women are lower paid than men and great difficulty is encountered in finding suitable accommodation for them at a rent which they can afford. To place them in accommodation which immediately causes them financial difficulties can only be detrimental. This state of affairs can also apply to lower paid men and presents a serious rehabilitation problem and may have to be met by the provision of flatlet accommodation at rents within their means.

Employment officer

Despite a difficult year for employment prospects, 75 patients, excluding residents at the hostels, were placed in jobs by the employment officer compared with 65 last year.

Training of staff

Four members of the staff of junior training centres and four members of the staff of adult training centres are at present seconded to diploma courses. Three mental welfare officers are seconded to the social work courses at the Manchester College of Commerce.

Five of the training centre staff were awarded the diploma for teachers of the mentally handicapped. The senior mental welfare officer and one mental welfare officer gained the certificate in psychiatric social work, and one mental welfare officer the certificate in social work.

Voluntary associations

No duties were delegated to voluntary bodies, but the facilities of various bodies were utilised for the provision of certain services.

Residential accommodation was provided by various voluntary bodies for ten mentally ill and 29 subnormal and severely subnormal patients and a further five patients are in foster-homes provided under the aegis of the Guardianship Society, Hove. Short-term care was provided in voluntary homes in 65 cases to give relief to relatives of the subnormal and severely subnormal, and eight persons recovering from mental illness were afforded periods of convalescence. The number of children attending voluntary training centres was 18.

Progress in the provision of mental health services

The new purpose-built Wythenshawe adult training centre with 200 places came into operation on 11th November.

In order to supplement the work of the day centre and club for the mentally ill, and to enable a segregation of degrees of mental incapacity, day care facilities for the mentally ill were established at Forrester House and Plymouth House, the two hostels for the mentally ill, each providing 15 places.

Schemes have been prepared for a special care unit for doubly handicapped children to be added to the Blackley junior training centre and for a 25 place hostel for adult subnormal females at Wythenshawe. Approval has been given for the schemes to be included in the capital programme for commencement in 1968/9.

Visits

Visitors to the mental health service included Miss E. M. Sittkerbol, Department of the Director of Social Science, Oslo, Mr. F. J. J. Friebe, Department of Public Health, Saskatchewan, Dr. P. Abela-Hyzlar of Malta, Mr. F. W. S. Taylor and Mr. A. I. Nellist of the Ministry of Health, and Mr. J. A. Howard, Principal Tutor, Calderstones Hospital.



Sanitary Services Division

J. Graham, O.B.E., F.A.P.H.I., F.R.S.H., Chief Public Health Inspector.

In the work of the division the challenge of bad housing conditions remained dominant and 4,102 unfit houses were demolished during the year. This compared with 4,643 demolitions in 1967 and 4,379 in 1966. As compulsory purchase orders dealing with a total of over 7,716 unfit houses have been confirmed by the Minister of Housing and Local Government, their demolition is also pending. Additionally, 13,774 officially represented unfit houses are at different stages in the procedure leading to similar confirmation of orders and ultimate demolition, leaving a total of approximately 23,100 for survey with a view to that action.

Necessarily, however, a truly effective housing policy also requires that, not only should unfit houses be replaced as speedily as possible, but the deteriorating condition of others should be remedied by the carrying out of works of repair and proper maintenance. Equally, improvable houses should be provided with the basic necessities of an indoor watercloset, bath, wash bowl, and hot and cold water supply. As a preliminary to a planned approach to satisfy that need, public health inspectors commenced an appraisal of the entire privately owned housing stock in the City, excluding houses in represented or proposed clearance areas. So far, this has indicated that there are approximately 16,000 houses lacking one or more of these basic necessities and it is anticipated that the total will be not less than 20,000.

In the implementation of the clean air policy, the downward trend of measured air pollution, 78 per cent less smoke and 11 per cent less sulphur dioxide in Wythenshawe since the operative date of the smoke control order in 1960, together with some reductions downwind in other districts not yet smoke control areas, continued to demonstrate the benefit that will be gained in the quality of the environment when the whole of the City's area, instead of the present 51 per cent, is the subject of operative smoke control orders.

After delays concerning the nature of the conversions to be undertaken in the municipal houses in the proposed Blackley smoke control area, containing a total of 6,513 premises on 1,038 acres, the operation of the Order, on its anticipated confirmation by the Minister of Housing and Local Government, will make a further contribution to the overall reduction in air pollution. The Clean Air Act, 1968, with extended provisions directed to the reduction of grit and dust from industrial furnaces, the making of regulations prescribing maximum permissible emissions, the wider application of the requirement as to chimneys being of adequate height, more expeditious power to deal with dark smoke from the objectionable practice of burning waste in the open air and the logical step of making the acquisition and delivery of unauthorized fuel in a smoke control area an offence, will also contribute to the ultimate objective of a clean environment.

There was a considerable increase, approximately 30 per cent, in the number of inspections made, more than 7,000, at all types of food premises, and, although the conditions generally were satisfactory, contraventions of the Food Hygiene (General) Regulations, 1960, at two restaurants and a snack bar, necessitated prosecution of the proprietors who were fined a total of £167

including costs. Additionally, proceedings are pending against the occupier of a poultry slaughtering and dressing establishment. Two street traders who failed to comply with the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, were fined a total of £46 6s. 0d. including costs.

In the enforcement of the requirements of the Offices, Shops and Railway Premises Act, 1963, the number of inspections totalled approximately 6,000, which included the detailed inspections of 2,542 registered premises. There remains a known number of 2,433 registered premises yet to be so dealt with, approximately 22 per cent of the total, but as the obligatory notifications continued to be received, 477 during the year, mainly as a result of visits by inspectors, it is highly probable that the actual number awaiting detailed inspections is greater than the present known figure. In spite of the normal practice of sending advisory letters where contraventions of the Act were reported, it was necessary to prosecute in five instances dealing with an office and four shops. Fines totalling £104 were imposed together with £28 13s. 0d. costs.

The department's training scheme for student public health inspectors, with attendance at the University of Salford or the Technical College, Salford, continued to be the essential source of the recruitment of inspectors and eight, having passed the final qualifying examination for the necessary Diploma of the Education Board, were appointed as inspectors during the latter part of the year. Allowing for resignations which occurred, the net result was a total of thirteen vacancies, representing approximately sixteen per cent of the total establishment compared with twenty-two per cent in the previous year. There was also some improvement in the number of technical assistants engaged on certain housing inspection and domestic smoke control duties, but there remained three vacancies in the total assignment of these posts.

The continued industry of all the staff of the division, in coping effectively with the considerable volume and range of the work, is appreciated and recorded.

Inspections and visits

Water

To obtain samples of water for chemical and bacteriological examination	87
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Food supply

Restaurants and snack bars	1,170
Factory canteens	179
Bakehouses	168
Food preparation premises	488
Markets—sale of food	82
Shops—sale of food	2,116
Hawkers of food and storage premises	106
Dairies, milk shops and delivery vehicles for milk samples ..	517
Shops, markets, etc.—sampling	1,663
Dairies and milk distribution premises	396
Premises used for the manufacture of ice cream	91
Premises and vehicles used for the sale of ice cream	88
Food delivery vans	57
Poultry slaughter and dressing premises	128

Smoke prevention

Works, etc.	1,004
Premises—survey for smoke control areas	47,975

Housing conditions

Primary inspections of dwelling-houses (Public Health Act, 1936, Housing Act, 1957, etc.)	15,986
Subsequent inspections of dwelling-houses	20,462
Rehousing—medical cases	1,382
Applications for improvement grants	1,069
Common lodging houses	52
Caravan dwellings	368
Canal boats	32
Supervision of work in default	5,782
Houses in multiple occupation	1,631
Improvement areas—survey	135

Occupational conditions

Factories	949
Shops—Shops Act	13,687
Other business premises	865
Offices, Shops and Railway Premises Act, 1963	5,945

Infectious disease

Primary visits after notification	1,617
Subsequent visits including contacts	2,279
Food poisoning	717

General sanitary conditions

Hotels, beerhouses and licensed clubs	798
Burial grounds, exhumations, etc.	5
Cesspools, pailclosets etc.	124
Cinemas, theatres, dance and billiard halls	44
Effluvium nuisances	1,016
Establishments for massage or special treatment	75
Export of washed rags and second-hand clothing	13
Hairdressers' and barbers' shops (Manchester Corporation Act, 1950)	208
Hospitals, nursing homes and agencies	37
Land used for pleasure fairs	35
Land, refuse deposits, etc.	1,563
Noise	529
Offensive trades	611
Premises for the purpose of examination of drains	566
Piggeries	52
Rag flock and other filling materials	99
Railway stations	21
Rodent infestations—primary visits	10,029
Refuse tips	56
Sale of certain poisons (Pharmacy and Poisons Act, 1953)	491
Sanitary accommodation, etc. at schools, churches	237
Streets, passages, roadways and footpaths	1,207
Swimming baths	108
Verminous premises	128
Watercourses	128
Miscellaneous	13,682

Water Supply

The City's principal sources of water supply are the impounding reservoirs of Thirlmere and Haweswater in the Lake District, augmented by the gathering grounds in the Longdendale Valley on the Cheshire-Derbyshire border. Distribution of the supply is by trunk mains and service reservoirs with booster stations maintaining the pressure in the higher level districts.

Sampling and examination of the water supply from the source to the domestic tap is extensively undertaken by the Waterworks Department's laboratory. In addition, public health inspectors obtained 45 samples for chemical analysis and 56 for bacteriological examination from dwelling houses, canteens, hospitals and day nurseries.

Eighteen complaints were investigated as to the quality of supply at different premises. Eight referred to taste, five were concerned with "insects" (animal-cules), three related to discolouration and sediment, and one alleged that the water had caused illness, but the investigation and laboratory examination of a sample of the supply did not support this complaint. The remaining complaint concerned a jelly-like substance growing in the cold water feed tank to a hot water geyser in the canteen of a firm of printers. The mains supply to these premises was satisfactory both on chemical and bacteriological examination. Laboratory culture of the jelly yielded a growth of aerobic spore-bearing organisms which, on inoculation into tap water with a teaspoonful of paint thinners, produced similar jelly in ten days at room temperature. Regular cleaning of the tank prevented further formation of the growth. The Public Health Laboratory Service reported a similar occurrence in the past at a gin distillery, the jelly-like substance being thought to be associated with volatiles from alcohol or paint.

With regard to the plumbo-solvent action of soft water on lead and to ensure that recognised safe limits of lead in drinking water are not exceeded, the Waterworks Undertaking appropriately treat the water supplies for pH value correction. The Public Analyst's examination of 45 samples of water as distributed, taken at random from different premises by public health inspectors, showed no appreciable amounts of lead in the water. Additionally, 30 samples were taken of water which had remained in prolonged contact with lead pipes overnight. With one exception, it was found that these samples did not contain lead above a safe limit, and a repeat sample of the exception was also satisfactory.

The Engineer and Manager of the Manchester Corporation Waterworks Department was informed of all complaints received, and of all chemical and bacteriological examinations of samples taken by the inspectors.

The Public Analyst declared all mains water samples to be chemically satisfactory, subject to satisfactory bacteriological reports from the Public Health Laboratory Service. These are summarised in the following statement:—

District	No. of samples	Samples free from coliform bacteria	Faecal coli found		Non-faecal coli found		Service reservoir	Source
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.		
Ardwick	1	1	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton
Baguley	3	3	—	—	—	—	Dunham Reservoir or Woodgate Hill	Thirlmere/Haweswater
Benchill.. ..	2	2	—	—	—	—	Dunham Reservoir or Woodgate Hill	Thirlmere/Haweswater
Blackley	3	3	—	—	—	—	Heaton Park	Heaton Park
Bradford	1	1	—	—	—	—	Godley	Godley
Burnage	2	2	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton
Cheetham	3	3	—	—	—	—	Heaton Park	Heaton Park
Chorlton-cum-Hardy	6	3	2	1:8	3	25:20:1	Audenshaw or Denton	Audenshaw/Denton
Chorlton-on-Medlock	4	4	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton
City Centre	6	6	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton
Crumpsall	5	2	2	2:3	3	5:5:3	Heaton Park	Heaton Park
Didsbury	1	1	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton
Gorton	5	1	2	3:1	4	17:5:3 1	Audenshaw or Denton	Audenshaw/Denton
Harpurhey	1	—	—	—	1	2	Audenshaw or Denton	Audenshaw/Denton
Longsight	2	1	1	1	1	1	Audenshaw or Denton	Audenshaw/Denton
Moston.. ..	2	2	—	—	—	—	Heaton Park	Heaton Park
New Moston	3	3	—	—	—	—	Woodgate Hill	Haweswater
Newton Heath ..	2	2	—	—	—	—	Godley	Godley
Northenden	2	2	—	—	—	—	Dunham Reservoir or Woodgate Hill	Thirlmere/Haweswater
Openshaw	1	1	—	—	—	—	Godley	Godley
Rusholme	1	1	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton

† Two samples contained both faecal and non-faecal coli.

* One sample contained both faecal and non-faecal coli.

In all instances the water was chlorinated.

In 542 instances, action was taken under section 25 of the Manchester Corporation Act, 1956, to provide for the expeditious restoration of an adequate water supply to dwelling houses where, often as a result of vandalism or theft of the common pipe, the supply had been cut off.

The Engineer and Manager of the Manchester Corporation Waterworks supplied the following information concerning Manchester's water supply:—

The water has been of satisfactory quality throughout the year. It is estimated that 189,326 dwelling-houses were supplied with piped drinking water, none being from standpipes.

Summary of laboratory results

Chemical

Thirlmere and Haweswater

The chemical characteristics of these waters show only slight seasonal variations; typical analyses are given below:—

	Thirlmere	Haweswater
pH	6.5	6.9
Colour as ppm. platinum	10	19
Turbidity as ppm. silica scale	0.3	1.7
	(parts per million)	
Free acidity as CO ₂	2.5	2.5
Total alkalinity as CaCO ₃	5	14
Total hardness as CaCO ₃	10	16
Chlorides as Cl	8	7
Nitrates as N	0.03	0.02
Nitrites as N	nil	nil
Total ammonia as N	0.02	0.07
Oxygen absorbed from KMnO ₄ , 4 hours at 27°C	0.9	1.2
Silica as SiO ₂	2	2
Iron as Fe	0.06	0.10
Manganese as Mn	nil	0.01
Fluorides as F	<0.10	<0.10

The water leaving Thirlmere straining well is treated with lime for pH correction and sterilised with chloramine. It is re-sterilised at Middlebrook before distribution.

Haweswater water is strained and chlorinated at Garnett Bridge and is also re-chlorinated before distribution.

Thirlmere and Haweswater: distributed supplies

Weekly chemical analyses are carried out on Thirlmere, Haweswater and mixed Thirlmere/Haweswater supplies. An analysis of the mixed supply taken from a household tap is as follows:—

pH	8.6
Colour as ppm. platinum	15
Turbidity as ppm. silica scale	0.1
	(parts per million)
Free acidity as CO ₂	nil
Total alkalinity as CaCO ₃	14
Total hardness as CaCO ₃	25
Chlorides as Cl	8
Nitrates as N	nil
Nitrites as N	nil
Total ammonia as N	0.04
Oxygen absorbed from KMnO ₄ , 4 hrs. at 27°C	0.8
Silica as SiO ₂	2
Iron as Fe	0.04
Manganese as Mn	<0.01
Fluorides as F	nil

Longdendale water—raw water inlet to Arnfield treatment plant

This supply is subject to seasonal and weather dependent variations but the following analytical results show the general chemical characteristics of the raw water.

pH	5.4
Colour as ppm. platinum	31
Turbidity as ppm. silica scale	10
	(parts per million)
Free acidity as CO ₂	6
Total alkalinity as CaCO ₃	5
Total hardness as CaCO ₃	25
Chlorides as Cl	8
Nitrates as N	nil
Nitrites as N	nil
Total ammonia as N	0.16
Oxygen absorbed from KMnO ₄ , 4 hrs. at 27°C ..	2.4
Silica as SiO ₂	10
Iron as Fe	0.36
Manganese as Mn	0.11
Fluorides as F	<0.10

The water receives full chemical treatment for colour and turbidity removal and also iron and manganese removal. pH correction is by lime addition and chlorine is used for sterilisation. The final water is not plumbosolvent.

Longdendale supply

The table below shows analytical results of a sample from a house tap on this supply.

pH	8.9
Colour as ppm. platinum	5
Turbidity as ppm. silica scale	0.3
	(parts per million)
Free acidity as CO ₂	nil
Total alkalinity as CaCO ₃	10
Total hardness as CaCO ₃	42
Chlorides as Cl	13
Nitrates as N	nil
Nitrites as N	nil
Total ammonia as N	0.10
Oxygen absorbed from KMnO ₄ , 4 hrs. at 27°C ..	0.4
Silica as SiO ₂	9
Iron as Fe	0.05
Manganese as Mn	nil
Fluorides as F	nil

Bacteriological summary

The results of the bacteriological analyses are grouped under three headings:—raw waters, treated and partially treated waters prior to distribution and distributed chlorinated supplies.

The raw waters include Lake District and Longdendale waters, treated and partially treated waters include samples before final chlorination and the final heading covers all final waters, both leaving treatment plants and in the distribution system.

Sources	Total number of samples	Samples free from coliform organisms	Faecal coli present		Non-faecal coli present	
			No. of samples	Count per 100 mls	No. of samples	Count per 100 mls
Raw waters	289	158	12	1-18+	17	1-180+
				104 samples showed presumptive counts up to 180+/ml. No differentials were made on these samples.		
Treated and partially treated waters ..	310	279	14	1-9	22	1-18+
Distributed water ..	2329	2025	63	1-3	261	1-18+

The water supplies have been continuously chlorinated throughout the year. Aftergrowths of coliform bacteria have occurred in the mains deposits and samples of water, taken after mains disturbances, have given bacterial counts.

Plumbosolvency

All the supplies are treated with lime prior to distribution to reduce the risk of lead take-up in supply.

In addition to lead analyses on some routine samples from consumers' premises, special "first-drawn" samples after overnight standing have been investigated. A total of 42 estimations have been made and, apart from one sample with a lead value of 0.140 mg/l.—the repeat sample was 0.020—the lead values have been within the range nil to 0.036/mg/l., the average value being 0.015/mg/l.

Radioactivity

Rainfall samples are collected over a period of 14–15 days, the containers being changed on the 1st and 15th of each month. Weekly samples are taken of Longdendale raw and final waters and of Haweswater supply entering Manchester.

The results represent the gross beta activity expressed as "picocuries" per litre of Strontium 90/Yttrium 90". (one picocurie = 10^{-12} curie)

Source	Period	Radioactivity as pCi/l Range	Weighted mean
Rainfall	1st quarter	28.7 to 123.6	43.2
	2nd quarter	16.6 to 498.1	44.9
	3rd quarter	24.9 to 129.9	39.5
	4th quarter	6.3 to 130.3	16.1
Longdendale raw water	1st quarter	0.8 to 10.6	5.2
	2nd quarter	1.5 to 6.5	4.6
	3rd quarter	2.5 to 6.9	4.7
	4th quarter	2.3 to 8.9	6.0
Longdendale final water	1st quarter	2.7 to 6.2	4.6
	2nd quarter	1.4 to 8.7	4.1
	3rd quarter	1.1 to 9.0	3.8
	4th quarter	1.0 to 3.9	2.8
Haweswater	1st quarter	3.0 to 8.5	4.8
	2nd quarter	1.0 to 5.6	3.9
	3rd quarter	0.8 to 9.1	4.4
	4th quarter	1.9 to 10.7	6.2

Rainfall for the above quarters at Denton measured 152.1, 95.35, 156.6 and 189.6 mms. respectively.

Action taken in respect of any form of contamination

If contamination occurs in the distribution system, flushing, swabbing and, if necessary, re-sterilisation of the main are carried out. Bacteriological samples are taken and the main is not put back into service until satisfactory results have been obtained.

Food Supply

Further regulations dealing with the labelling, advertising, safety and standards for foods, were enacted during the year.

The Skimmed Milk with Non Milk Fat (Amendment) Regulations, 1968, which were made on 16th September, 1968, and came into operation on 26th September, 1968, revoke the amendment regulations of 1966, and amend the principal regulation by adding further products to the list in Schedule 2 which exempts such foods from bearing the label "Unfit for Babies".

The Imported Food Regulations, 1968, were made on 24th January, 1968, and replace the Public Health (Imported Food) Regulations, 1937 to 1948, and the Food and Drugs (Whalemeat) Regulations, 1949 and 1950. They cover a gap in food inspection brought about by the rapid growth of containerised food imports, which in many cases passed through the ports so quickly as to prevent adequate inspection of the food. The regulations are normally enforced by port health authorities but, where inspection cannot be undertaken at the port, the inland authority in whose area the containers are consigned becomes the enforcing authority. The regulations came into operation on 1st August 1968.

The Fish and Meat Spreadable Products Regulations, 1968, were made on 27th March, 1968, to amend and supersede the Food Standards (Fish Paste) Order, 1951, and the Food Standards (Meat Paste) Order, 1951. They specify requirements for the description, composition, labelling and advertisement of meat pastes and fish pastes, but do not become operative until 15th March, 1971.

In addition the comprehensive Trade Descriptions Act, 1968, replacing the Merchandise Marks Acts, 1887 to 1953, became operative on 30th November, 1968, and in certain circumstances may be applied to deal with the misdescription of food.

Hygiene

Mainly as a consequence of demolitions in the redevelopment of different areas of the City, there was a net reduction of 200 in the number of food premises with now approximately 7,000 food premises, comprising food retailers, 3,825, catering establishments, including clubs and canteens 3,010 and food factories and warehouses, 165.

Although in the course of the 4,083 inspections of food businesses the conditions generally were found to be satisfactory or otherwise promptly remedied, it was necessary to institute proceedings on contraventions of the Food Hygiene (General) Regulations, 1960, at two restaurants and a snack bar, resulting in fines and costs totalling £167. The particular circumstances at one restaurant were such that under the provisions of section 14(2) of the Food and Drugs Act, 1955, the Court was requested to disqualify the owner from carrying on a catering business at the premises, but this application was not acceded to. Two street traders selling "hot dogs" were fined a total of £40 and £6. 6s. costs on their failure to comply with the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

The number of premises licensed under the provisions of the Manchester Corporation Act, 1954, section 61, for the slaughtering or dressing of poultry remained unchanged at 22. The unsatisfactory conditions revealed at one of these slaughtering and dressing establishments became the subject of legal proceedings, the outcome of which is pending. The proprietor of a catering business, where the slaughtering of poultry was also being carried on without the licence required under the Manchester Corporation Act, 1954, was fined £2.

Public health inspectors continued to accompany the Licensing Justices on visits to premises for which licences for the sale of intoxicant liquor were sought and 178 visits were made. This practice facilitated the implementation of the department's requirements concurrently with those of the Justices. Similarly, the operation of the "entertainment club" licensing provisions of the Manchester Corporation Act, 1965, section 18, although not explicitly concerned with food hygiene requirements, assisted in securing the observance of such. Additionally, concerning relevant constructional and equipment details, the plans in connection with the building or conversion of 107 premises to food establishments, received by the City Architect for approval under the Building Regulations, were scrutinised and recommendations forwarded on food hygiene requirements.

As a measure for the protection of food in shops from risk of contamination by dogs, shop-keepers were invited to display the notice, freely available from the department, requesting customers not to bring their dogs into premises in which food is sold. As a result there was a considerable increase in the issue of these notices.

In furtherance of the general objective of improved practices in the handling, preparation or storage of food, public health inspectors addressed various groups of food trade employees.

Unsound food

Continuing the arrangements for the voluntary surrender of unsound food for destruction, 717 visits were made to the premises of wholesalers and retailers. The amounts of foods surrendered and destroyed were:—

	tons	cwt.	qtrs.	lbs.
Canned meats and fish	26	5	1	24
Fresh meat	1	11	—	17
Frozen foods	7	2	2	15
Miscellaneous canned goods	13	2	2	8
Other foods	150	9	1	6
Total	198	11	—	14

Included in other foods were 139½ tons of potatoes damaged by fire and oil. Other causes for surrender were defrosting of frozen foods due to mechanical breakdown of refrigeration motors, unsoundness and contamination during storage, blown and damaged tins, "flat sours" and in the case of 92 frozen chickens, *Salmonella virchow* infection. The source of supply of these chickens was the same as that reported to have been associated with an outbreak of *Salmonella* food poisoning in the area of another authority.

Food poisoning

Two-hundred and thirty-nine cases of food poisoning from 114 incidents, of which 95 were single cases, were investigated during the year. Successful identification of the causative agent was made in 183 cases. *Clostridium welchii* was found to be responsible for 87 cases, all in one outbreak, and various strains of *Salmonella typhimurium* were isolated in 54 cases. Other types of *Salmonella* organisms were identified as follows: *bredeney* two cases; *california* and *havana* one; *enteritidis* four; *heidelberg* one; *indiana* three; *infantis* two; *kinshasa* three; *livingstone* one; *meningitis* one; *napoli* one; *new brunswick* one; *oranienberg* one; *panama* six; *virchow* twelve, and *Group C (not typed)* two. In the remaining cases the causative agent was not bacteriological, being washing-up liquid which had inadvertently been used instead of olive oil in a salad dressing. Bacteriological examination failed to reveal the cause of illness in 56 cases involving 33 incidents.

The 87 cases in which *Clostridium welchii* was involved concerned one outbreak. This occurred after a Christmas lunch in the well equipped and constructed canteen of a modern establishment employing over 400 people. Normally, approximately 160 main meals and 60 buffet lunches were served daily, the food being prepared, cooked and served on the same day. On this occasion, when 370 employees participated in the lunch, pre-preparation of foods was resorted to. In the case of some foods this covered a period of three days during which time food was cooked, cooled at kitchen temperature, refrigerated, removed from the refrigerator for carving of meat and preparation of the gravy, again refrigerated, removed for final preparation and hot plated for one hour prior to serving, thus providing many opportunities for the development of pathogenic organisms.

Samples of all the ingredients of the lunch, with the exception of the gravy, were obtained and submitted, along with 57 specimens of faeces for bacteriological examination. A heat-resistant *Clostridium welchii* was isolated from the bread sauce and from 38 faecal specimens.

One outbreak, which occurred in a hospital ward, was discovered after a patient suffering from persistent diarrhoea was found to be excreting *Salmonella typhimurium*. The subsequent bacteriological examination of faecal specimens from 117 persons comprising all patients in the ward, patients who had been discharged from the ward from the onset of the first case, and members of the hospital staff, revealed a further six cases (including one staff) and four symptomless excreters (two staff). From the hospital records, *Salmonella typhimurium* of the same phage type had been isolated from a patient in the ward some three months previously, and it was thought that cross-infections of a mild character (mistaken for post-operative disturbances) had since been occurring in the ward. The ward was closed and complete disinfection was carried out before patients were readmitted. No further cases were reported.

Concerning the ninety-five separate incidents, an increase of 48 over the previous year, *Salmonella* organisms were isolated in 70 cases of which *Salmonella typhimurium* was responsible for 32. No causal agent was identified in 24 cases and, as previously mentioned, the use of a detergent in a salad dressing caused the remaining case.

Fifteen family outbreaks involved 37 people of whom 18 suffered from *Salmonella* infections. In the other 19 cases no organisms associated with food poisoning were isolated.

Forty-one symptomless excreters were discovered during the year, 28 of whom were associated with notified cases. Eight of the remaining 13 symptomless cases, five excreting *Salmonella typhimurium* and three *Salmonella bredeney*, were employed by a butcher. Swabbing of surfaces, utensils and containers at the butchers' premises revealed that one chopping block was harbouring *Salmonella typhimurium*, and the same organism was isolated from some meat samples.

Twenty persons, contacts of food poisoning cases in other areas, were requested to submit specimens of faeces, all of which proved to be negative.

Follow-up specimens from 13 people who contracted illnesses in other areas demonstrated that ten were still excreting the causative organisms. Twelve of these people had been to the continent on a charter holiday flight arranged by a local travel agency. Local authorities of areas in which other passengers on this holiday resided were notified.

One case of paratyphoid B infection was notified and inquiries confirmed that the illness had been contracted abroad. All known contacts were found to be free from infection.

A contact of a notified case of food poisoning, having been found to be infected and employed in the handling of food, was required to cease her employment until she was free from infection. Consequential net loss of earnings was subsequently paid by the Corporation.

Pasteurized liquid egg

Thirty-one samples of liquid egg were obtained from various bakeries in the City. These samples involved 14 different sources of supply and were submitted to the Public Health Laboratory for examination by the alpha-amylase test prescribed in the Liquid Egg (Pasteurisation) Regulations. All samples satisfied the test.

Three samples of egg white were submitted to the laboratory for special examination and no organisms of *Salmonella* groups were isolated.

Milk and ice cream control

The supervision of processing and distribution of milk continued with the inspection of dairies and distributing depots and the sampling of milk for bacteriological and biological examination. Similar measures were taken in respect of the manufacture and sale of ice cream.

Dairies

Regular visits were made to dairies and depots in the City and the hygienic standards were found to be good. One dairy experienced some difficulty with milk stone deposits in milk churns which had remained on country farms during the outbreak of foot and mouth disease. As the churn washer would not remove these deposits, hand cleaning had to be resorted to and many churns were taken out of service for replating.

In addition to inspections carried out at dairies for checking of the processing plants and the sampling of milk to ensure that the plants were working efficiently, the random sampling of processed milk from dairies, shops, vehicles and in course of delivery to institutions, was carried out. There were 396 samples taken throughout the year and the high percentage (98·8) of such samples which passed the prescribed tests laid down by the Ministry, namely, the phosphatase test for pasteurisation, the $\frac{1}{2}$ -hour methylene blue test for the keeping qualities in the case of pasteurised milk, the turbidity test for sterilised milk and the colony count for ultra high temperature milk, indicated that these plants were maintained and operated efficiently. The four failures related to the methylene blue test and, although investigations at the dairy were inconclusive and repeat samples were satisfactory, it was significant that the dairy from which the bottles of milk originated does not use a date code in the bottling of its milk for distribution.

Prescribed tests of processed milk

Type of milk and test	No. of samples examined	Satisfactory		Unsatisfactory	
		No.	Percentage	No.	Percentage
Pasteurised	156				
Phosphatase		156	100·0	—	—
Methylene blue		154	98·72	2	1·28
Pasteurised (C.I.)	56				
Phosphatase		56	100·0	—	—
Methylene blue		54	96·43	2	3·57
Pasteurised (Homogenised)	52				
Phosphatase		52	100·0	—	—
Methylene blue		52	100·0	—	—
Sterilised					
Turbidity	113	113	100·0	—	—
Ultra High treatment					
Colony count	19	19	100·0	—	—
Totals	396	392	98·77	4	1·23

There was no evidence of any illness attributable to milk, or of any tuberculous infection in milk.

The number of distributors of milk registered in the City was 2,033, each holding the appropriate designated milk licence as required by the Milk (Special Designation) Regulations, 1963/5.

The efficiency in the operation and supervision of the bottle washing machines, which deal with almost one million bottles each day, was illustrated by the very small number of complaints of the unsatisfactory condition of bottles. Thirteen complaints were received and investigated by the department and the dairies concerned were cautioned.

Brucella abortus

Nine samples of untreated milk were submitted to the Public Health Laboratory and examined for brucella and tubercle organisms. One sample taken from a City farm was found to be positive on "culture examination" for brucella and a notice was served on the producer-retailer prohibiting the sale of the milk from the herd until the infection had been eliminated, unless the milk was subjected to pasteurisation. Subsequently, individual cow samples taken on two occasions revealed that the infection had ceased. Having experienced a similar infection in the past, this producer was persuaded to ensure that all his animals were vaccinated against this disease. Further routine samples were negative.

Langho colony

The practice continued of making bi-monthly visits for the sampling for bacteriological and chemical examination of the pasteurised milk supplied to the colony. All bacteriological tests were satisfactory, but in one instance on the examination of a sample by the Public Analyst a trace of added water was

reported in one churn. The circumstances were reported to and investigated by the County Health Authority at the source of supply within the county. Samples taken previously at the processing dairy had been satisfactory and more obtained after this incident were also genuine. Similarly, further samples taken by the Health Department were satisfactory.

Samples of "untreated milk" produced by the colony farm herd were submitted to the Public Health Laboratory and the Public Analyst for bacteriological, biological and chemical analysis. Two samples failed the methylene blue test. One was attributed to poor cooling, due to an insufficient water supply which has been remedied by a new pipe line. The other was associated with samples which, on chemical analysis, showed varying amounts of added water. Since this occurrence, extra precautions have been taken to prevent access to the dairy by unauthorised persons.

Ice cream

There were 36 registrations of premises for the sale of ice cream, 33 being new registrations, and three being changes of occupier of premises already registered for the manufacture and/or sale of ice cream. The total number so registered in the City is 2,413, the majority of which sell only pre-packed ice cream from totally enclosed deep freeze cabinets.

With the exception of five, all ice cream samples submitted for bacteriological examination were satisfactory. Three of the unsatisfactory samples were from soft ice cream vendors who obtained their mix from a manufacturer situated outside the City boundaries. The authority concerned investigated the conditions obtaining at these premises and repeat samples were satisfactory. Of the other two samples, both of which were from vehicles, investigations at one plant revealed a defective freezing machine. The proprietor ceased to manufacture ice cream. In the remaining case, where the conditions found and repeat samples were satisfactory, the need was stressed for strict routine observance of measures to avoid contamination in production, storage and distribution.

Cream

In participating in a survey undertaken by the Public Health Laboratory Service as to the bacteriological quality of cream, the Health Department submitted forty-three samples from fourteen producers. The results, in terms of the methylene blue keeping quality test, revealed that, whilst twenty samples were satisfactory, twelve were classified as only fairly satisfactory and eleven as not satisfactory. The vendors were advised as to proper storage with stock rotation and the investigation is continuing. At present, cream is not subject to a prescribed bacteriological standard of an obligatory nature.

Food and drugs adulteration

The number of samples of food and drugs totalled 2,180, of which 517 were milk samples including two "Appeal to Cow" samples. Four-hundred and six of the milk samples were procured during retail distribution and on delivery to schools, hospitals and day nurseries. Thirteen of these samples were found to contain varying amounts of added water. At one dairy, involved in three unsatisfactory samples, a holding tank was found to have depressions in the floor, a result of manual cleansing and following the recent installation of automatic spray cleansing water was being held in these depressions. After correction of the floor no further unsatisfactory samples were reported. At another dairy from which five unsatisfactory samples had been reported, tests were made of various parts of the processing plant and eight test samples gave unsatisfactory

results. The plant was completely overhauled and further testing with regular sampling gave satisfactory results until December, when samples were again found to contain traces of added water. A checking of records at the dairy elicited that a milk tanker supply had had low non-fatty solid figures on certain days, which corresponded to the dates of the unsatisfactory samples. Further investigations revealed irregularities in the milk supply from a particular producer and legal proceedings have been commenced.

One-hundred and nine samples of milk were taken from producer consignments to dairies and 16 samples from three consignments were adulterated. In two cases the producers were cautioned; the third case resulted in legal proceedings and the farmer was fined £25 with £8. 5s. costs.

There were 1,663 samples of other food and drugs obtained and submitted to the Public Analyst for examination. Forty-two samples in which adulteration or irregularity was found were dealt with in the following manner:—

The packers or manufacturers of 27 pre-packed commodities and two shopkeepers were cautioned for minor infringements of the Labelling of Food Order, 1953. Five of these samples and four others were found to be deficient in meat or fish content as defined in regulations which do not become operative until 1969 and 1971 respectively. The manufacturer's attention was directed to these regulations.

Samples of a "hot dog relish", a soft drink, and canned strawberries, all imported products, were found to contain colouring matters which are not included in the schedule of permitted colours in the Colouring Matter in Food Regulations, 1966, and all existing stocks were withdrawn from sale. A sample of canned broad beans contained a food colour which had been deleted from the permitted list of food colours in the 1966 regulations. On investigation it was elicited that the manufacturer had not used this colour since 1964 and no further stocks existed. Two samples of milk shake powder were deficient in vitamin content. Inquiries revealed that the method of check analysis at the manufacturers was not accurate. Additional vitamins were added to the product and the system of check analysis corrected. An excess of preservative in pickled onions was due to an error in production, and steps were taken to prevent any recurrence. A sample jar of bilberries was found to be fermenting and existing stocks were withdrawn from sale. The manufacturer of a meat pie deficient in meat content was cautioned.

Arising from complaints received from private purchasers of food with regard to quality or the presence of extraneous matter, legal proceedings were instituted in respect of the mouldy condition of a meat pie and an apricot pie respectively, a sausage containing an adhesive wound dressing and a moth in a meat pie. The summons for the latter was dismissed by the Court, the others resulted in fines and costs totalling £65. 19s.

The samples of food and drugs which failed to meet the requirements of the Food and Drugs Act, Regulations or Orders are summarised in the following tabular statement:—

Adulterated and other unsatisfactory samples and action taken

Private and informal samples				Legal proceedings						Article	Formal samples						
Adulterated or unsatisfactory	Further samples obtained	Stock withdrawn	Cautions	Summonses	Number of samples	Number of convictions	Number dismissed	Amount of fines			Amount of costs		Adulterated or unsatisfactory	Stock withdrawn	Cautions	Number of samples	
								£	s.	d.	£	s.	d.				
*62				1	5	1	—	25	0	0	8	5	0	Milk	16	2	1
1				1	1	1		30	0	0	9	7	0	Apricot pie			
1			1											Beef croquettes			
1		1	1											Blackcurrant pie			
1		1	1											Bottled bilberries			
1		1	1											Canned apple and cherry drink			
1		1												Canned broad beans			
2		1	2											Canned chopped pork			
6			6											Canned hot dog sausages			
1		1	1											Canned strawberries			
1		1	1											Chilli pickle			
1			1											Chilli sauce			
2			2											Cocktail onions			
1		1	1											Colouring essence			
1		1	1											Curry paste			
1			1											Cut mixed peel			
1			1											Dried soup mix			
1		1	1											Lime pickle in oil			
1		1	1											Mango pickle			
3			1	2	2	2		10	0	0	4	10	0	Meat pie			
2	1		2											Milk shake powder			
1			1											Peach pie filling			
1		1	1											Pickle			
1			1											Pickled onions			
2			2											Potted beef			
1			1											Potted salmon			
1			1											Processed cheese with bacon			
2			2											Salad dressing mix			
1				1	1	1		10	0	0	2	2	0	Sausage			
3			3											Seasoning			
1		1	1											Sultanas			
1		1	1											Vindelo paste			
1		1	1											Water ice			

* Includes 40 samples adjudged genuine by average fat of consignments and Hortvet freezing point test.

The Condensed Milk Regulations, 1959

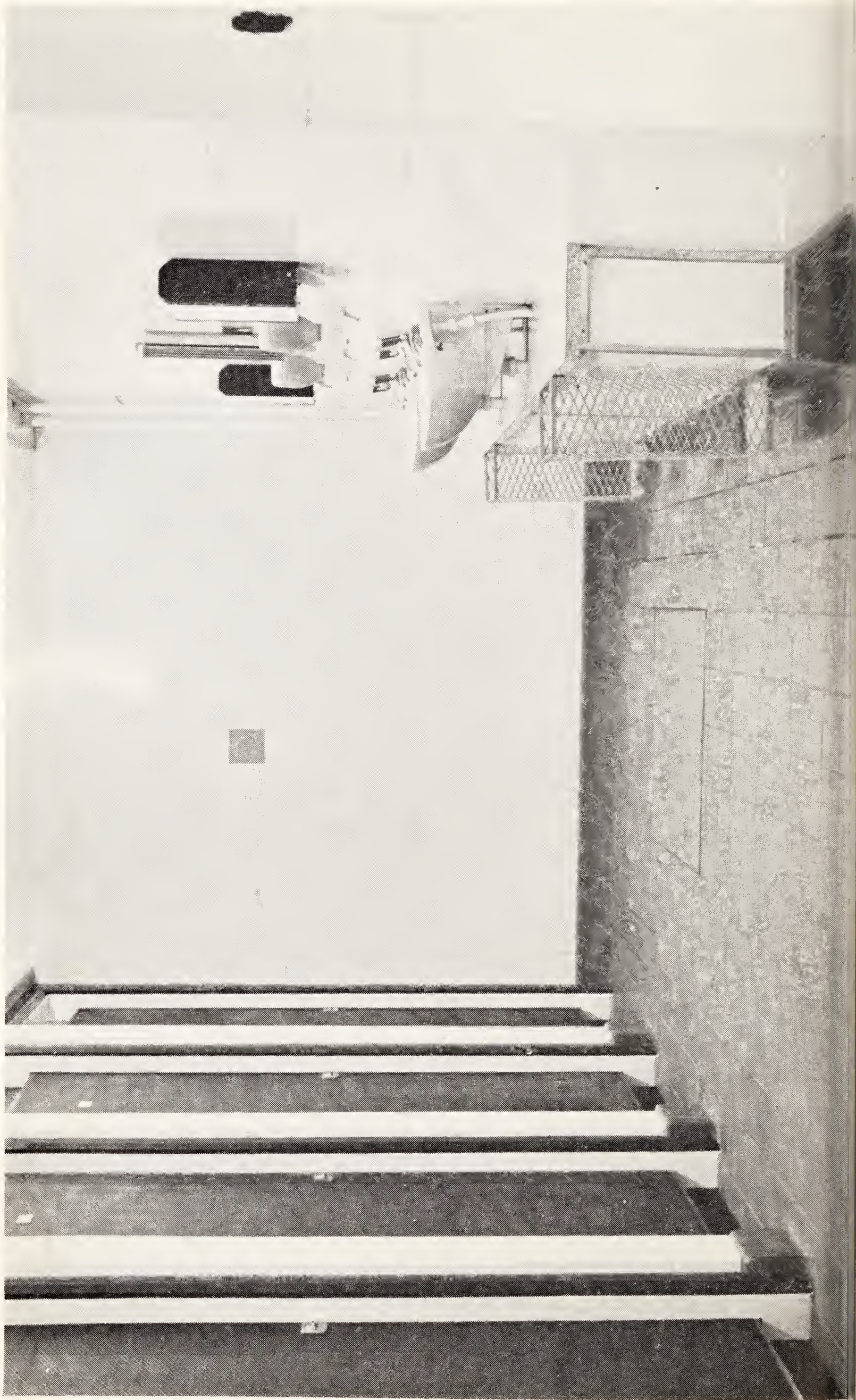
Public Health Dried Milk Regulations, 1923-1948

The Dried Milk Regulations, 1965

Thirty-three samples of pre-packed, condensed or dried milk were submitted to the Public Analyst for examination for quality and labelling requirements of the Regulations and were found to be satisfactory.



Effects of 80 years of air pollution on stonework of Manchester Town Hall.



Clean Air

The Clean Air Act, 1968, made on 25th October 1968, extends and revises certain provisions and procedures of the principal Act of 1956. Parts of the new Act will become operative on 1st April, 1969, whilst the remainder will await a further Commencement Order or Orders to be made by the Minister of Housing and Local Government.

In particular, the sections operative on 1st April, 1969, will facilitate the control of grit and dust emissions from furnaces, extend the provisions in relation to the approval of the height of new chimneys and enable action to be taken against the small minority of fuel suppliers who sell bituminous coal to householders in smoke control areas.

Since the introduction of the principal Act in 1956, considerable reductions in measured pollution by smoke and sulphur dioxide have been achieved, mainly as a result of the establishment of smoke control areas, but also from the exercise of control over the heights of new chimneys and of industrial smoke emissions.

Domestic smoke, from the burning of bituminous coal in ordinary house fires, remains the most important source of smoke and sulphur dioxide at ground level. Over 21.6 square miles of the City's total area of approximately 42.5 square miles are subject to smoke control orders but, despite the encouraging reductions of pollution in the smoke control areas and consequently in the adjoining areas, pollution in the areas not yet subject to smoke control orders requires to be further reduced by sustained implementation of the programme.

Apart from domestic smoke the worst source of low level smoke is the burning of waste materials in the open. The existing nuisance order procedure of section 16 of the principal Act for dealing with emissions of this kind is slow and ineffective. However, when section one of the new Act becomes operative on a date yet to be determined, it will supplement the existing provisions as distinct from chimneys and make emissions of dark smoke an offence for which an occupier, on summary conviction, would be liable to a fine not exceeding £100.

The wide variation in the nature and quantities of wastes require each case to be considered on its merits in determining the best method of disposal. Following action by the department many firms already dispose of their unsalvageable waste by arranging for collection by private waste removal contractors or by the Corporation's Cleansing Department. Most of this collected material is then disposed of by controlled tipping. Where the nature of the material makes incineration preferable the better maintenance and operation associated with a centralised incinerator plant reduces the consequent air pollution to a minimum. Further, this method of disposal avoids the provision of a multiplicity of small incinerators throughout the City and thereby reduces the risk of pollution from the burning of waste, the heterogeneous nature of which makes it notoriously difficult to burn smokelessly.

Small car-breaking and scrap metal dealers are commonly the worst offenders, whereas one large car-breaking firm in the north of the City dealing with many scrap vehicles, some of which have been sent into the City by neighbouring local authorities following action under the Civic Amenities Act, 1967, operates the business virtually smoke-free. There the vehicles are stripped of unwanted parts, such as upholstery and other trimmings—which are then disposed of by controlled tipping—and the metal body is pressed into blocks and sold as scrap metal. Occasional accidental fires which arise during oxy-acetylene cutting operations are soon extinguished by the fire extinguishing facilities provided by the firm.

The active co-operation of the majority of industrial or other similar users of fuel has continued and no infringements of the Act, due to dark smoke from chimneys were observed during the year. In three instances, however, contraventions due to the burning of waste necessitated legal proceedings after informal action had proved to be unproductive. In the first case the Court granted nuisance order against the offender. The results of the other two cases are awaited.

Timed observations recording smoke emissions

	Number	Total amount of dark smoke in minutes
Infringements of the Clean Air Act.	3	65
Dark smoke, but not contravening the Clean Air Act	80	197½
No dark smoke	150	—
	<hr/> 233 <hr/>	<hr/> 262½ <hr/>

Mutually beneficial co-operation between H.M. Alkali Etc., Works Inspector and the department was maintained in dealing with complaints arising from processes under his control, particularly concerning emissions from a hot blast cupola, which were the subject of a local inquiry early in the year, red dust emission from a steelworks and fugitive odours from chemical works in the north of the City. Whilst difficulties remain, improvements followed the investigations of each case.

In March, the department was represented at a Public Local Inquiry held at Sale into proposals to install additional boiler plant and a new chimney 400 feet high at the chemical complex at Carrington. It is anticipated that the proposed high chimney, to be erected about 2·75 miles in a north-westerly direction from the nearest point of the Wythenshawe boundary of the City, will eventually discharge approximately 30 tons of sulphur dioxide per day. Concern was expressed that continued reliance on dispersal of emissions from high chimneys cannot prevent some cumulative increase in ground-level concentrations, with an adverse effect on the improvements secured by the smoke control area policy and changes in the domestic use of fuel. The height of discharge of the emission, however, including the further “rise” of the plume, should ensure that the effect on measured levels of sulphur dioxide in the City will be small. The proposals were approved by the Minister of Housing and Local Government.

Notification and prior approval of furnace installations

It is obligatory that proposals to install any new furnace with a heating capacity of more than 55,000 British thermal units per hour shall be notified to the local authority, in accordance with provisions of section 3 of the Clean Air Act, 1956.

Any such furnace must be capable, so far as practicable, of being operated continuously without emitting smoke when burning fuel of a type for which the furnace was designed. The Manchester Corporation Acts of 1946 and 1950 contain similar provisions. Additionally the notification of proposals to install certain oil burning equipment is required by byelaws made under the Manchester Corporation Act, 1958.

The number of plans and specifications received for examination was 401, compared with 322 during the previous year.

The submission of proposals for “prior approval” by the Corporation is not obligatory, but details of 71 furnace installations were submitted and approved.

The type of fuel to be used in boiler plants to which prior approval was granted was as follows:—

<i>Fuel</i>		<i>Total installations</i>	
Oil 26/35 seconds viscosity	54
„ 3,500 „ „ (2 per cent sulphur)	1
Gas	14
Solid smokeless fuel	1
Electricity (annealing furnace)	1
Total		71

Nine of the installations were in dwellings subject to smoke control orders, and the fuels used were gas in seven, oil (26/35 seconds) in one and solid smokeless fuel in the remaining installation.

Proposals for the erection of 58 new chimneys were examined and approved under the provisions of Section 10 of the Clean Air Act, 1956.

A further 31 proposals included the connection of new furnaces to existing chimneys, and seven others involved a change of fuel, from coke to 35 seconds oil in six instances and from coal to 35 seconds oil in the other case.

The policy of the City Council continued to be implemented in securing a reduction of emissions of oxides of sulphur to the atmosphere, and where oil was used in the heating of Corporation buildings, the grades were those with a sulphur content not exceeding one per cent. Where oil was proposed for use in privately owned plant, developers were invited to follow this example.

Availability and price of the lower sulphur content fuels were two of the main factors taken into account by developers. With smaller installations the simpler plant and easier maintenance in the use of low sulphur content oil are advantages to set against any extra fuel cost which may be entailed. In larger installations, however, the extra operating cost militates against such a choice. Despite the effects of the Arab/Israeli and Nigerian conflicts, causing temporary interruption in supplies of certain oils with naturally low sulphur content, some co-operation was secured, with agreement, to the use of a fuel with a lower sulphur content than that at first proposed.

Grit and dust emissions

The Clean Air (Measurement of Grit and Dust) Regulations, 1968, made under section 2 of the Clean Air Act, 1956, became operative during the year. A local authority is empowered to require the making and recording of grit and dust measurements from certain furnaces burning pulverised fuel or other solid fuel or solid waste at a rate of one ton or more per hour. Additional control is provided under section 2(1) of the Clean Air Act, 1968, which enables the Minister of Housing and Local Government to make regulations prescribing limits on the rate of emission of grit and dust from furnaces and meanwhile, the adoption of the best practicable means of preventing such emissions is enforceable. Similarly, other requirements of the Clean Air Act, 1968, also deal with this aspect of air pollution.

Smoke control areas

The Burnage smoke control order, relating to 610 acres (0.95 square miles) and 5,985 premises, came into operation on 1st July, 1968. Shortly after the order was confirmed a large scale gas sales campaign was launched in the area and was followed by some 1,200 estimates to the department within less than

three weeks. However, the volume of work dealt with so early did have the effect of reducing the number of conversions outstanding at the operative date of the order, and for that area it has been necessary to serve only 32 notices under the provisions of section 12(2) of the Clean Air Act, 1956.

Concerning the freedom of choice between alternative smokeless fuels and appliances in the Burnage smoke control area, the preferences of the householders in the first 2,100 privately owned dwellings to be dealt with, involving 3,540 existing coal burning grates, are summarised in the tabular statement appended to this report. Whilst, in this instance, the high proportion, approximately 66 per cent choosing gas fires compared with 17 per cent selecting solid smokeless fuel, may be attributable to the effect of the early gas sales campaign, it does appear to reflect a current trend. This was also shown in the installation of 76 central heating systems, with 51 fired by gas, 19 by solid smokeless fuel and six by oil.

In August, 1968, the Minister of Housing and Local Government revoked the designation of direct acting electric space heaters, which had been applicable since December 1964, because of the "peak load" problems existing at that time. Accordingly, the present position is that grant has once more become available towards the cost of installing electric fires in smoke control areas, thus extending the freedom of choice between different appliances and fuels.

Reports recommending three additional smoke control areas, at Blackley, and at Butler Street and Livesey Street, Ancoats, comprising a total of 1,218 acres (1.9 square miles) and 8,020 premises, were approved by the Health Committee in September and December, 1967. It became necessary, however, to revise these proposals, to take account of changes in the policy of the Housing Committee as to the choice of smokeless appliances available to their tenants included in the proposed areas.

Eventually, the Blackley smoke control order, relating to 1,038 acres (1.62 square miles) and 6,513 premises, was approved on the revised basis and has been submitted to the Minister of Housing and Local Government for confirmation.

Excluding the Blackley order, which is awaiting confirmation, approximately 22 square miles (51 per cent of the total area of the City) and more than 80,000 premises (35 per cent) are subject to operative smoke control orders. From time to time a few contraventions are observed, due to emissions of smoke from domestic chimneys. These are almost invariably found to be due to the burning of coal which has been sold to householders by a minority of irresponsible fuel suppliers, colloquially described as "cowboys" in the trade. When section 9 of the Clean Air Act becomes operative on 1st April, 1969, such deliveries of coal in a smoke control area will become an offence for which, on summary conviction, the offender will be liable to a fine not exceeding £20.

The survey of other areas for smoke control orders has proceeded in respect of the "Birchfields" area, comprising approximately 544 acres (0.85 square miles) and 4,132 premises, the "Charlestown" area, approximately 968 acres (1.51 square miles) and 6,210 premises and the "Mount Road" area, including parts of Longsight, Levenshulme, and Gorton, with approximately 1,200 acres and 12,000 premises.

Recording of atmospheric pollution

The measurement of smoke and sulphur dioxide pollution in the atmosphere by the standard volumetric apparatus continued at seven sites within the City, as part of the National Survey of Air Pollution under the direction of the Ministry of Technology.

The daily averages, in microgrammes per cubic metre, are shown in the tabular statements. The downward trend has been maintained and the results demonstrate objectively the substantial reductions in measured pollution already achieved as a result of the smoke control programme. They show that, not only is pollution greatly reduced in the smoke control areas, but also in neighbouring areas to windward which are not yet subject to smoke control orders.

As variations in the weather and other factors affect the levels of pollution recorded, direct comparison of one site with another, or of one year's results with another, may be misleading. Nevertheless, since measurements began at Wythenshawe in the south of the City the amount of smoke there has been reduced by 78 per cent and the sulphur dioxide by eleven per cent. Downwind at Rusholme, not yet subject to a smoke control order, the amount of smoke has been reduced by 65 per cent and the sulphur dioxide by 21 per cent.

Measurement of deposited pollution, using the standard deposit gauge, was maintained at the three sites, Philips Park, Rusholme and Styal, representing industrial, residential and semi-rural areas respectively. Reductions in the monthly averages of total solids were recorded at Rusholme and Styal. The Philips Park gauge was subject to vandalism, which interrupted measurements for August and September and, although compared with 1967 the monthly average for total solids increased at this site, the five yearly average was reduced.

Continuous measurement and recording of levels of carbon monoxide from vehicles was carried out at a busy road junction in the City centre by using an infra-red gas analyser provided by the Warren Spring Laboratory of the Ministry of Technology and operated by the department. The measurements, which began in October, 1967, were terminated at the end of 1968. The results have not yet been published by the Laboratory but would appear likely to show that the recorded concentrations of carbon monoxide had not been harmful. Nevertheless, the odour and appearance of vehicle fumes, in "canyon-like" city streets with idling traffic, is a matter of common observation and should be dealt with if only for amenity reasons. For this purpose, the decision of the Transport Committee to use fuel oil containing a smoke suppressant additive in its vehicles, will be a practical contribution.

Standard Deposit Gauge 1968
(Grams per 100 square metres)

Monthly averages together with the averages for the previous five years

Station	Rainfall (mm)		Insoluble matter		Soluble matter		Total solids	
	1968	Five yearly average	1968	Five yearly average	1968	Five yearly average	1968	Five yearly average
Philips Park	82	83	641	754	355	390	996	1,144
Rusholme	85	78	402	413	281	305	682	718
Styal	70	72	130	121	179	200	309	321

Volumetric apparatus for smoke and sulphur dioxide
Daily averages—microgrammes per cubic metre

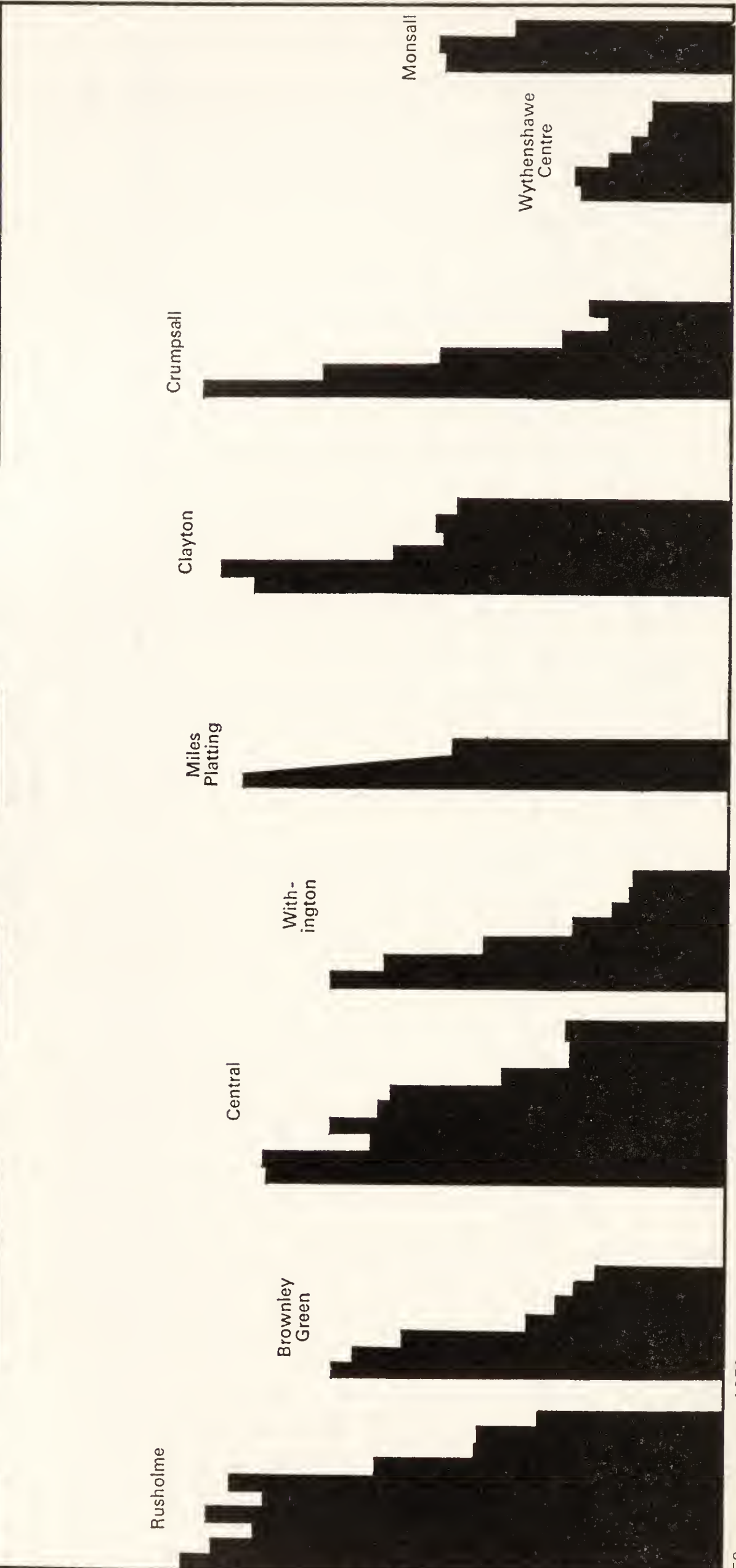
	Rusholme			Brownley Green			Central			Withington			Miles Platting			Clayton			Crumpsall			Wythenshawe Centre			Monsall		
	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio
1959 ..	332	287	1.15	242	—	—	284	366	.77	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1960 ..	316	278	1.13	229	—	—	286	373	.76	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1961 ..	290	271	1.07	198	—	—	220	354	.62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1962 ..	318	309	1.03	123	168	.73	243	383	.63	245	226	1.08	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1963 ..	282	281	1.0	107	159	.67	214	313	.68	211	202	1.04	299	341	.88	292	290	1.0	325	311	1.04	97	124	.78	—	—	—
1964 ..	304	261	1.17	97	139	.7	207	297	.7	150	170	.88	—	302	—	312	288	1.08	250	223	1.12	100	140	.71	—	—	—
1965 ..	216	298	.73	82	151	.54	139	283	.49	98	175	.56	171	279	.61	208	276	.75	180	236	.76	79	147	.53	—	—	—
1966 ..	155	215	.72	Discontinued			100	250	.40	74	158	.47	Discontinued			177	229	.77	106	187	.57	64	133	.48	177	231	.77
1967 ..	155	239	.65	—	—	—	100	282	.35	64	139	.46	—	—	—	181	188	.96	79	189	.42	54	122	.44	182	242	.75
1968 ..	117	227	.52	—	—	—	102	274	.37	61	150	.41	—	—	—	169	256	.66	91	205	.44	53	150	.35	134	216	.62

City of Manchester (Burnage) Smoke Control Order, 1967.
Analysis of Conversions in 2,100 Privately Owned Dwellings

From	Existing Appliances	To		Coke grates	Conver- sion sets	Under draught grate	Open- able stoves	Closed stoves	Radiators	Fantoms	Gas Fires	Electric storage heaters	New tiled sur- round	Gas ignition	Electric ignition	Gas water heaters	Electric immersion heaters
		No.															
	Tiled Surround Open Grates	2,724		10	1	161	249	3	143	248	1,829	80	197	228	40	102	77
	Tiled Surround Coke Grates	181		—	—	18	29	—	9	10	110	5	22	19	3	5	3
	Combination Grates ..	125		—	—	6	40	1	2	15	59	2	50	15	1	10	11
	Mantel Register Grates	415		2	—	10	18	1	24	34	312	14	41	15	1	6	9
	Yorkshire Ranges ..	39		—	—	1	4	—	—	10	23	1	14	5	1	4	7
	Under Draught Grates	36		—	15	—	1	—	—	—	19	1	—	11	—	1	—
	Special Range ..	11		—	—	—	—	1	2	—	8	—	—	1	—	—	2
	Devon Grates ..	4		—	—	—	1	—	—	—	3	—	—	—	—	—	—
	Back-to-Back Grates ..	5		—	—	1	—	—	2	—	2	—	1	1	—	—	—
	Total No. of appliances	3,540		12	16	197	342	6	182	317	2,365	103	325	295	46	128	109
	Percentage	100		0.34	0.45	5.56	9.66	0.17	5.14	8.95	66.81	2.9					

Central Heating
Solid Fuel 19 Gas 51 Oil 6
Fired by

SMOKE MEASUREMENT: MICROGRAMMES PER CUBIC METRE



CITY OF MANCHESTER

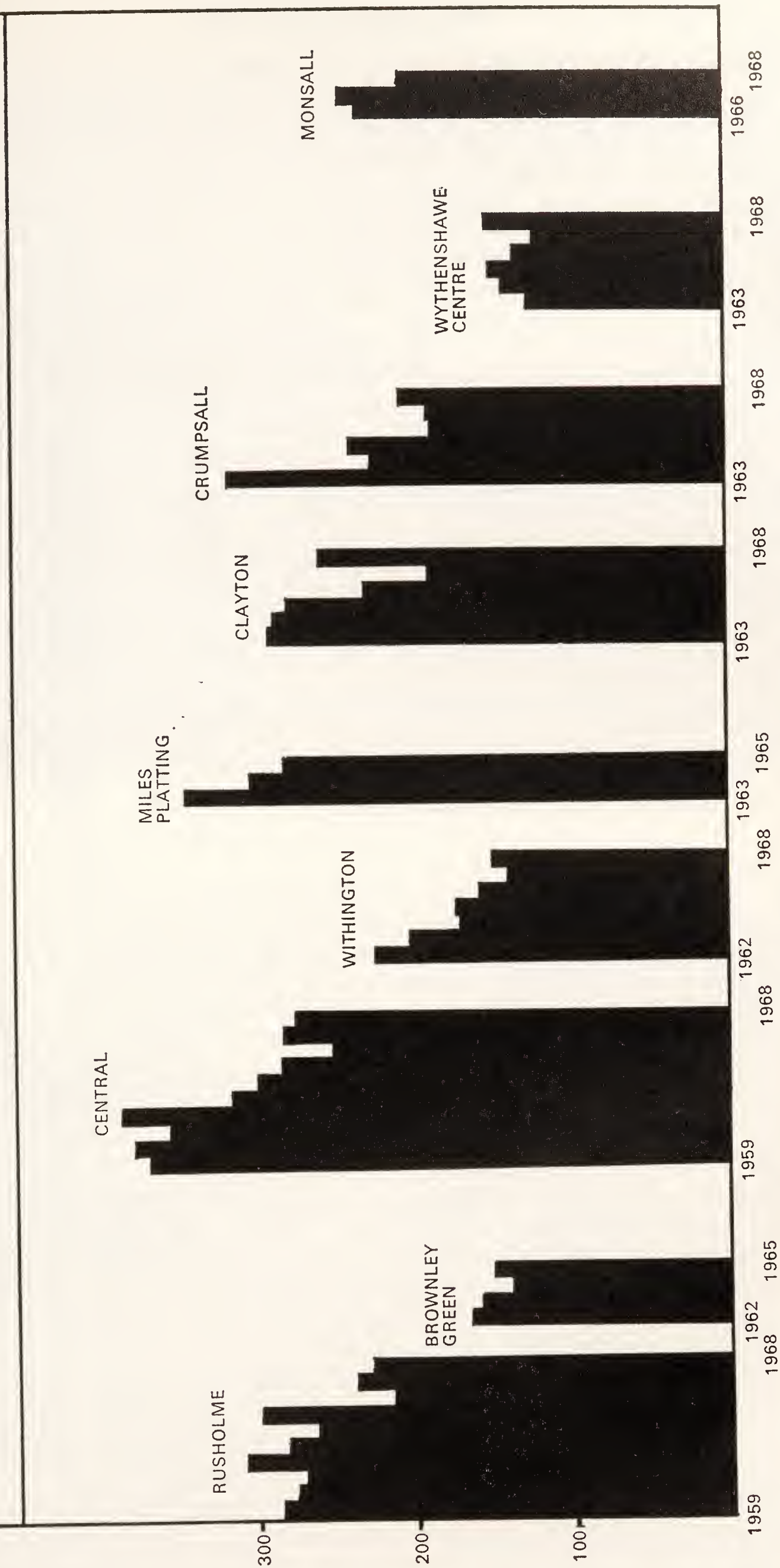
SMOKE CONTROL AREAS
DECEMBER 1968



Strad 3 miles S D G
of City Boundary



SULPHUR DIOXIDE MEASUREMENT. MICROGRAMMES PER CUBIC METRE



Housing Conditions

Clearance areas and individually unfit houses

Since the resumption of the representation of areas of unfit houses in 1951, 37,345 unfit houses have been demolished, including 10,560 individually unfit houses not in clearance areas. During the year the total number of unfit houses demolished was 4,102, of which 3,752 were in clearance areas and 350 were individually unfit houses. Fourteen clearance areas containing 3,682 houses and 3,553 families were officially represented, whilst nine houses occupied by four families and owned by the Corporation were certified as unfit. The following table refers to the location of these 14 clearance areas:—

	Houses	Families
St. John's Road, Longsight	215	217
Grindlow Street, Longsight	131	131
Tank Row, Longsight	23	21
Broming Street, Beswick	83	83
Stuart Street, Bradford	42	41
Kniveton Street, Ardwick	104	93
Chell Street, Longsight	425	399
Solent Street, Ardwick	553	542
Lordship Street, Moston	17	15
Croft Street, Clayton	80	58
Perth Street, Cheetham	209	213
Walter Street, Harpurhey	336	307
Great Nelson Street and Corby Street, West Gorton	71	66
Crossley Street, West Gorton	494	465
Crescent Road, Crumpsall	309	287
Sewerby Street, Moss Side	590	615
	3,682	3,553

There are approximately 44,600 unfit houses remaining, of which 7,716 are in represented areas which have been confirmed by the Minister of Housing and Local Government and accordingly their demolition is imminent, whilst 13,774, also officially represented, await the necessary confirmation before demolition. The survey of other areas containing the remaining unfit houses continued.

Twelve public local inquiries were held in respect of clearance areas, containing 5,857 unfit houses and 5,758 families at the time of representation.

Rehousing on medical grounds

The department continued to receive medical certificates and other correspondence daily from hospital authorities, doctors, and various welfare organizations giving medical and sociological reasons in support of rehousing applications. Detailed inspections were carried out of the living conditions of the families concerned and the information submitted to the Medical Officer of Health.

Investigations were carried out in 1,692 cases of families seeking to be rehoused on medical grounds. Of these, 1,325 had not previously been considered on medical grounds. Two were recommended for immediate rehousing and a degree of priority was recommended in 1,165 cases. In 367 cases, which had been previously considered, review by reason of either additional medical evidence or changed circumstances resulted in three cases being recommended for immediate rehousing and the allocation of additional priority in 148 cases.



Unfit houses in a representative clearance area.



Unfit houses in a representative clearance area.



Development by the Housing Department in the City, Bickerdike Avenue, Longsight.



Housing redevelopment, Lodge Street, Miles Platting.

Consideration was also given to an increasing number of applications from Corporation tenants wishing to transfer from one house or flat to another for various reasons, including the desire to move from upper flats to ground floor flats, from flats to houses provided with gardens, from smaller to larger accommodation or vice versa due to increase or decrease in the size of families and from one Corporation estate to another to facilitate travelling to and from work. Requests from aged and infirm persons seeking to reside nearer to members of their families were common.

Of the 2,732 applications for transfer on medical grounds, 2,001 had not previously been considered. One was recommended for immediate transfer and a degree of priority was recommended in 1,812 cases. In re-assessing the 731 applications which had previously been considered, two were recommended for immediate transfer and additional priority was recommended in 299 cases. Of the 2,114 cases awarded a degree of priority on medical grounds, 1,895 were recommended for a transfer to ground floor accommodation or for a change of area.

The Housing Manager, having been informed of the Medical Officer of Health's recommendations, subsequently notified this department that 1,268 families, recommended for consideration on medical grounds, had been provided with accommodation.

Abatement of overcrowding

The overcrowding survey in 1936, as part of a national enquiry, revealed that 2·1 per cent of all families in the City were overcrowded under the Housing Act standard. No special survey has since been undertaken, but between 1951 and 1968, in the inspection of 48,217 unfit houses in clearance areas throughout the City, 0·7 per cent of the houses were found to be overcrowded under the statutory standard. In all cases of overcrowding brought to the notice of the department, the Housing Department was informed when the families were registered for a Corporation tenancy.

Houses in multiple occupation

As indicated in the Government's White Paper "Old Houses into New Homes", published in April, new powers are proposed for local authorities to facilitate the control of the multiple occupation of houses and, in certain circumstances, to prevent such occupation. Thereby, instead of action to deal with multiple occupation being virtually limited to the effects after such letting-in-lodgings has occurred, it will be reinforced by registration as a prerequisite of new multiple occupation and by a qualified power to refuse such registration.

In the application of the existing provisions the department secured alterations to unsatisfactory conditions at 187 houses in multiple occupation, without recourse to formal action. Additionally, however, for eleven houses it was necessary to invoke the obligatory management order procedure and eleven orders were made after giving the obligatory notice of intention to do so.

Under the proposed new powers, however, an order applying the good management requirements will be able to be made without, as at present, the necessity of a local authority serving formal notice of intention to apply the regulations. The elimination of this preliminary step will be a welcome contribution to some simplification of procedure. Nevertheless, the contemplated continued necessity to make a management order applicable to each individual house, before the management regulations are enforceable, compares unfavourably with the prompt automatic application of the requirements of other regulations to premises with which local authorities are concerned, including regulations under the Food and Drugs Act, 1955, the Clean Air Act, 1956, and the Offices, Shops and Railway Premises Act, 1963.

New permanent dwellings completed

During the year the Corporation completed the construction of 2,346 dwellings; 1,881 in the City and 465 outside, whilst in the City private developers built 391 dwellings.

The annual totals since 1946 have been as follows:

Year	City Council		Private builders
	In the City	Outside the City	In the City
1946	293	—	36
1947	542	—	197
1948	1,772	—	356
1949	1,461	—	298
1950	2,146	—	270
1951	2,415	—	209
1952	2,142	80	322
1953	2,162	437	390
1954	1,055	1,086	303
1955	692	1,251	566
1956	684	684	368
1957	751	796	514
1958	818	639	349
1959	517	965	239
1960	392	562	260
1961	816	445	381
1962	1,476	1,409	508
1963	1,424	2,442	282
1964	892	3,047	544
1965	1,354	2,076	561
1966	956	1,636	252
1967	1,957	827	417
1968	1,881	465	391
Totals	28,598	18,847	8,013
	47,445		

Repairs

Action to secure attention to the disrepair of dwelling-houses entailed the service on owners of 8,552 preliminary and statutory notices under the Public Health and Manchester Corporation Acts. Although, commonly, the repairs were done without the institution of further proceedings, such were necessary in 109 instances. Additionally default powers were invoked to deal with repairs at 770 houses, including some work on the request of the owners, at a total cost of £9,628.

The expeditious powers provided by various Manchester Corporation Acts were used to secure an adequate water supply at 542 houses, emergency roof repairs at 692, the restoration of means of artificial lighting at 20 and repairs to yard walls at 162.

Only nine applications were received from tenants for certificates of disrepair under the Rent Act, 1957, compared with 19 in the previous year and 1,488 in 1958 when the Act became operative. There was only one application from a landlord for the cancellation of a certificate.

The practice continued of referring dangerous condition of buildings to the attention of the City Architect's department.

The misuse and vandalism often associated with unoccupied properties usually, but not invariably, old, neglected and unsecured against unauthorised access, continued to require action against owners both to seal the buildings and to abate nuisances commonly found to have arisen. Recurring vandalism in some older properties resulted in ruinous conditions, with demolition as the only effective measure.

Liaison continued with the Rent Officer appointed under the provisions of the Rent Act, 1965. Thirty-six contraventions of the Landlord and Tenant Act, 1962, in respect of the provision of rent books and the information to be provided by landlords to tenants, came to the notice of inspectors and the landlords were required to remedy the omissions.

Improvement grants

The Government's White Paper, "Old Houses into New Homes", published in April, includes proposed new powers and procedure for the improvement of whole areas of houses and their environment, together with the improvement of individual houses. The voluntary principle would be maintained, with emphasis on persuasion, but increased incentives provided by raising the levels of the existing discretionary and standard grant payments and, if necessary, by the compulsory purchase of houses in General Improvement Areas by local authorities, in lieu of the prevailing protracted notice procedure under the Housing Act, 1964.

Whilst the department's staff resources have been and continue to be stretched in dealing with the representation of unfit houses for the clearance and re-development of areas under the Housing Act, 1957, the systematic implementation of a policy to secure the repair and improvement of suitable houses also on an area basis, is equally essential. A survey to assess the numbers of improvable houses in the City continued and areas containing approximately 16,000 houses have so far been defined for consideration.

Meanwhile, concerning the improvement of individual houses, 332 applications for grants were received compared with 388 during the previous year, again mainly from owner-occupiers as shown in the following statement:—

Type of grant	Approved		Disapproved		Withdrawn or pending		Total
	owner/occupier	tenanted	owner/occupier	tenanted	owner/occupier	tenanted	
Discretionary	—	6	—	1	—	1	8
Standard ..	201	28	42	14	35	4	324
Local ..	—	—	—	—	—	—	—
	201	34	42	15	35	5	332

The works completed provided the following amenities at a cost of £16,572:

Standard grants for

Fixed baths	Wash hand basins	Hot water supply	Internal waterclosets	Food cupboards
66	119	98	186	182

Discretionary grants to a twelve point standard were approved for a total grant expenditure of £6,000, to provide 22 separate units of accommodation.

Although the number of applications for grants was reduced a considerable increase in the number of enquiries received from owner occupiers, following the publication of the White Paper, indicates that when the recommended higher grant payments are available under the contemplated new legislation there will be a corresponding increase in the number of individual houses improved.

Common lodging houses

Within the definition of a "common lodging house" under section 235 of the Public Health Act, 1936, the number of such registered premises remained at four for men, with total accommodation for 1,215, and one for 210 women. Generally, the occupancy rate was below the maximum available and the accommodation for women was consistently under-occupied. Social organisations own and manage three of the hostels for men, whilst the remaining one for men and the other for women are owned and managed by the City Corporation. The building of a new hostel, in lieu of two privately owned hostels affected by redevelopment proposals, is contemplated by the particular voluntary agency. Except for routine maintenance, including redecorations, the conditions remained unchanged at all the hostels.

A close liaison was maintained between the managements and the department's clinic for the personal cleansing and disinfection of the clothing of persons from these common lodging houses. There were 535 such attendances at the clinic, compared with 587 in 1967.

Movable dwellings

Six privately owned, long established caravan sites, providing for a total of 34 caravans, are licensed in accordance with the Caravan Sites and Control of Development Act, 1960, which provides for the issue of a caravan site licence only if planning permission has been given. The site licences prescribe conditions to secure that sites are properly laid out, equipped and maintained. Routine inspections did not reveal any contraventions of the conditions imposed necessitating any formal action, but, in particular, opportunity was taken to emphasise the need to take precautions against fire risks. For this purpose, advisory leaflets of The National Caravan Council were issued to each occupier.

Nuisances arising from the unauthorized use of land as gypsy-type encampments, commonly on sites in built-up areas where redevelopment was pending, continued to require action by the department to secure the vacation of the sites and the removal of residual refuse. However, with the recurring occupation of various sites by itinerant caravan dwellers, this departmental action produced only temporary alleviation of the unsatisfactory conditions. The possibility of making available a suitable site in the City, in accordance with the intention of Part II of the Caravan Sites Act, 1968, is being investigated jointly with the City Planning Officer and the City Estates and Valuation Officer for consideration by the Health and the Town Planning and Buildings Committees.

Canal boats

The use of canal boats in the City continued to be mainly for the conveyance of grain from the docks to mills in the area. No families were found to be living on the boats, all being crewed by men who only occasionally slept on board. The age and structural conditions of two boats resulted in their use being discontinued; otherwise only minor defects were found and were promptly remedied by the owners. Thirty-two inspections were made.

Occupational Conditions

Industrial premises

In distinguishing between factories with mechanical power and those without, the Factories Act, 1961, places the responsibility for the enforcement of most requirements on H. M. Inspectors of Factories. The number of registered non-mechanical factories, at which it is a duty of the Health Department to enforce the provisions as to sanitary conveniences, cleanliness, overcrowding, temperature, ventilation and drainage of floors, was 365. There were 4,178 registered factories with mechanical power, where, so far as the Factories Act is concerned, only the enforcement of the provision and maintenance of adequate sanitary conveniences is dealt with by the Health Department. Additionally, the department dealt with the enforcement of sanitary convenience requirements at sites of building operations or engineering works.

The number of factories on the register and inspections made were:—

<i>Premises</i>	<i>Number on register</i>	<i>Inspections</i>	<i>Number of written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories (non-mechanical) in which sections 1, 2, 3, 4 and 6 are enforced by local authorities	365	232	—	—
(ii) Factories (mechanical) not included in (i) in which section 7 is enforced by the local authority	4,178	684	11	—
(iii) Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises) . .	197	33	—	—
Totals	4,740	949	*11	—

*Additionally 133 verbal cautions were given by inspectors concerning defects and dirty conditions of a minor character.

The factories in which unsatisfactory conditions were reported were:—

<i>Particulars</i>	<i>Number of cases in which defects were found</i>				<i>No. of letters re defects</i>	<i>Legal proceedings instituted</i>
	<i>Found</i>	<i>Re-medied</i>	<i>Referred to H.M. Inspector</i>	<i>Referred by H.M. Inspector</i>		
Want of cleanliness (section 1)	1	—	1	1	—	—
Overcrowding (section 2)	—	—	—	—	—	—
Unreasonable temperature (section 3)	—	—	—	—	—	—
Inadequate ventilation (section 4)	—	—	—	—	—	—
Ineffective drainage of floors (section 6)	—	—	—	—	—	—
Sanitary conveniences (section 7)						
a) Insufficient	1	1	—	1	1	—
b) Unsuitable or defective	24	24*	—	23	10	—
c) Not separate for sexes	4	2**	—	3	—	—
Other offences against the Act (not including offences relative to outworkers)	—	—	—	—	—	—
Totals	30	27	1	28	11	—

* Includes 9 from previous year.

** Includes 1 from previous year.

Non-industrial employment

Registration and inspection

Mainly as a result of inspections made, 477 prescribed notifications were received of persons being employed in premises to which the Offices, Shops and Railway Premises Act, 1963, is applicable. The class of premises involved, together with the total number of notifications received since the commencement of the operation of the Act, have been as follows:—

Notifications of employment				
Class of premises	Number notified during 1968		Total notifications	
	Premises	Employees	Premises	Employees
Offices	241	4,665	5,288	93,574
Retail shops	175	585	3,852	23,730
Wholesale shop warehouses	36	463	702	15,208
Catering establishments	25	316	955	13,464
Fuel storage depots	—	—	13	69
Totals	477	6,029	10,810	146,045
Males 3,711			Males 70,815	
Females 2,318			Females 75,230	

Detailed inspections were made of 2,542 registered premises and thereby the total number of premises so dealt with since the commencement of the Act became 8,377. Additionally, during the year, 3,403 visits or re-inspections were made for attention to the requirements of the Act.

Operation of the general provisions of the Act

The nature and incidence of the failures to comply with the different provisions of the Act or regulations generally were similar to those of previous years. In eight per-cent of the premises inspected the cleanliness of rooms, passages or stairs was unsatisfactory, usually at older buildings in multiple occupation. This experience also applied to the adequacy and maintenance of sanitary conveniences and washing facilities in such buildings. The absence of thermometers continued to be a frequent occurrence, but failure to maintain a reasonable temperature was not common and was often due to inadequacy in the maintenance rather than in the provision of the means of space heating. Overcrowding was rarely encountered. Failures to maintain suitable and sufficient lighting continued to be found. The requisite maintenance of guards and fences to dangerous machinery reflected increased safety consciousness, but this did not apply to the protection of unguarded openings, the provision of handrails to staircases and the proper maintenance of floor surfaces. The potential hazard of an inadequately fenced open staircase surrounding a lift-shaft was not always appreciated, nor was the relative ease of accessibility to lift motors as found in some instances. The failure to provide or replenish the contents of first-aid boxes or cupboards continued to be a common feature.

Usually, compliance with the various requirements of the Act was secured after informal action, but it was necessary to institute proceedings in the following instances.

Prosecutions

The nature of prosecutions instituted and the outcome were:—

Sections of the Act	Information laid	Convictions	Penalties
6. Thermometer not provided	1	1	£ 2
7. Inadequate Ventilation	3	2	20
8. Inadequate lighting	1	1	5
9. Sanitary conveniences	3	3	20
10. Washing facilities	2	2	20
16. Dangerous conditions	5	5	35
24. First-aid provisions	1	1	2
	16	15	*104

*Additionally £28 13s. 0d. costs were awarded.

The circumstances of the use of metallic mercury in the electrical operation of an advertising and news sign continued to be kept under surveillance by the department to ensure the observance of precautions against the risk of mercury poisoning of the operatives.

Having regard to the possibility of procedural delays aggravating the risk of injury to the health of employees, if recourse to formal action became necessary to deal with dangerous conditions or practices under section 22 of the Act, the City Council agreed that in such circumstances the authorized officers should apply direct to the Court for the appropriate prohibitory orders.

Throughout the enforcement of the various requirements, especially in dealing with issues involving both the Offices, Shops and Railway Premises and the Factories Acts, close co-operation continued between H.M. Inspectors of Factories and the public health inspectors.

Accidents

Notifications of 337 accidents causing disablement and absence from work of more than three days were received, compared with 286, 248 and 239 respectively in the three previous years. It is considered, however, that this increase does not necessarily reflect an increase in the incidence of accidents, but is more probably due to a progressively greater recognition by employers of their obligation to notify the occurrence of such accidents. Nevertheless, it is also probable that the actual number occurring is still greater than the number of notifications received. There were no fatal accidents. Each incident was investigated and recommendations made to prevent similar occurrences. Most of the notified accidents could have been avoided if reasonable forethought, care and attention to the work in hand had been exercised by employers and employees. Falling, especially in the case of women, continued to be the cause of most accidents. In the case of an accident resulting from the defective condition of a floor, prosecution ensued in respect of failure to comply with section 16(1) of the Act, and a fine of £10 was imposed.

The type of premises at which the reported accidents occurred and the adults and young persons affected are summarised as follows:—

Class of work place	Number of accidents reported				
	Fatal		Non-fatal		Totals
	Adults	Young persons	Adults	Young persons	
Offices	—	—	79	6	85
Retail shops	—	—	80	19	99
Wholesale warehouses	—	—	41	1	42
Catering establishments	—	—	71	2	73
Canteens	—	—	36	1	37
Fuel storage depots	—	—	1	—	1
Totals	Nil	Nil	308	29	337

The nature of the injuries sustained were:—

	1968	1967
Fractures and dislocations	52	48
Sprains and strains	76	55
Internal injuries	—	—
Amputation injuries	7	5
Open wounds and surface injuries	74	62
Bruising, crushing and concussion	70	61
Burns	11	13
Multiple injuries of a different nature	2	—
Other injuries	45	42
	<u>337</u>	<u>286</u>

The primary causes of the accidents and the category of persons affected were as follows:—

Primary cause	Adults 18 years and over		Young persons under 18 years		Totals
	Males	Females	Males	Females	
Machinery	6	9	—	1	16
Transport	2	—	1	—	3
Fires and explosions	—	—	—	—	—
Electrical	—	1	—	—	1
Hand-tools	9	4	3	—	16
Falls	43	72	—	13	128
Stepping on/striking against/objects	21	25	—	2	48
Handling goods	35	9	2	1	47
Struck by falling object	15	3	1	1	20
Not otherwise specified	21	32	3	2	58
Totals	152	155	10	20	337

Outwork

In accordance with the requirements of section 133 of the Factories Act, 1961, where work of certain kinds specified by regulations is given out by employers to be undertaken in the homes of outworkers, their addresses must be supplied to the department in February and August of each year.

There were 167 firms employing outworkers, compared with 180 in 1967, and the total number of persons employed in the City decreased from 966 to 800. These reductions have been progressive over a period of years. In 1958 there were 355 firms in the City employing 1,481 outworkers.

Details of the different trades and outworkers were as follows:—

Trades	Outworkers	
	Inside city	Outside city
Wearing apparel	480	481
Tailors	80	22
Overalls	31	46
Umbrellas, etc.	60	55
Household textiles	130	59
Soft furnishings	1	44
Soft toys	9	6
Cartons	9	5
Totals	800	718

Shop Acts, 1950 to 1965

Young Persons (Employment) Acts, 1938 and 1964.

The department is responsible for the enforcement of this legislation dealing with assistants' weekly half-holidays, Sunday employment, the employment of young persons and Sunday trading and evening closing. The control of the employment of school children is supervised by the Education Department.

It was necessary to caution 163 traders on their failure to keep the prescribed records of shop assistants' half-holidays and a further 96 in regard to the employment of young persons. In each instance further action was not required.

Sunday trading in contravention of section 47, Shops Act 1950, continued to be the subject of complaints to the department. In accordance with the department's normal practice, first offenders were cautioned on the need to comply with the statutory requirements. Thereafter, any further contravention resulted in prosecutions. Two-hundred and nine cautions were given and 21 prosecutions instituted, resulting in fines and costs totalling £386. 3s. The penalties imposed, with a maximum of twenty pounds for a second or subsequent offence, did not deter some firms from repeated offences.

Three-hundred and two persons, having made the prescribed statutory declaration of a conscientious objection on religious grounds to carrying on trade or business on their Sabbath, are permitted to engage in retail trade until 2 p.m. on Sundays, subject to their shops being closed on Saturdays.

One-hundred and twenty traders were cautioned for failure to observe the prescribed evening closing hour for retail trading under Section 2 of the Act. Two prosecutions were instituted and fines and costs amounting to £24 were imposed.

Three certificates were issued granting conditional exemption from the operation of the Shops Act, 1950, in respect of exhibitions and shows.

Infectious disease

Notifications of 1,617 cases of infectious disease were investigated by public health inspectors, including 537 cases of infective hepatitis notifiable in the City since February, 1966, and as "infective jaundice" since 1st October, 1968 under the Public Health (Infectious Diseases) Regulations, 1968.

Port health authorities notified the department of the arrival of 53 persons from countries where smallpox was endemic, not possessing valid certificates of vaccination. Each person, after vaccination on arrival, was visited and kept under surveillance.

Port health authorities also notified the department of the destination addresses of 769 long-stay immigrants to advise them of the health services available and in particular of the procedure to register under the National Health Services Act, 1948, with a general medical practitioner. Additionally advice and information was given, where appropriate, on housing and environmental matters having especial regard to many of the long-stay immigrants living in houses in multiple occupation.

There was an appreciable increase in the number of visits, 3,896 compared with 2,777 in the previous year, and the associated investigations directed to the prevention of the spread of infectious disease.

The investigations included 18 cases of typhoid fever and one case of paratyphoid fever. Eleven cases of typhoid fever occurred in one household and two in the adjacent house. Their origin was probably a typhoid carrier who was a regular visitor to one of the households. This particular investigation, including the checking of contacts and the submission of specimens for laboratory examination, entailed public health inspectors making more than 500 visits.

Sanitary accommodation

Action was necessary to deal with the absence or unsatisfactory condition of sanitary accommodation at various types of premises, including a main line railway station and a long distance coach station where such facilities were not available in the early hours of the morning.

At 227 dwelling-houses the department took formal action to secure repairs to sanitary accommodation, and at a further 185 houses indoor waterclosets were provided with the aid of improvement grants.

The number of pail closets at premises without watercloset accommodation was further reduced by 13, leaving, however, 124 premises with this anachronistic type of sanitary convenience, either because no sewer is available in the particular vicinity or the premises have a short residual life by reason of contemplated demolition. At some new building sites, until it was practicable to provide waterclosets, pail closets were provided temporarily for the operatives.

Building plans, submitted to the Corporation for approval under the Building Regulations, continued to be forwarded to the department for scrutiny and observations in respect of various statutory requirements enforceable by the department, including those relating to sanitary accommodation. Additionally, compliance with the requirements of the department was secured with regard to the adequacy of sanitary accommodation and other matters at "entertainment clubs" under the Manchester Corporation Act, 1965, and premises for which licences were sought under the Licensing Act, 1964.

Disposal of refuse

The Director of the Cleansing Department has supplied the following information on the total of 276,649 tons of refuse dealt with, compared with 257,539 tons in the previous year.

	<i>Tons</i>	<i>Percentage</i>
Controlled tipping	252,482	91·28
*Separation and incineration	5,265	1·90
Sales, manufactures, etc.	5,784	2·08
Refuse handling plant	13,118	4·74
	<hr/> 276,649 <hr/>	<hr/> 100·00 <hr/>

**This process was discontinued during the year.*

The Cleansing Department's widely publicised free household collection and disposal service, including dealing with bulky articles such as unwanted furniture and also the disposal of abandoned motor vehicles, remained readily available to the public. Nevertheless, rubbish continued to be dumped on land and in passages, necessitating action by the Cleansing Department to secure its removal.

Additionally, action was required in 533 instances to secure the abatement of nuisances arising from accumulations of offensive matter, commonly deposited in unoccupied premises not secured against unauthorised access. Whilst informal action successfully resolved 191 of these cases, the remainder required the service of statutory notices, fourteen of which necessitated obtaining orders from the City Magistrates' Court.

Surveillance of all sites used for tipping continued and at two privately owned sites departmental action was necessary to secure attention to unsatisfactory conditions.

Defective drains and sewers

The summary power of the Manchester Corporation Act, 1950, section 41, to remedy stopped-up drains and private sewers, was required in respect of 62 properties and, on the failure or at the request of the owners, the necessary works were undertaken by the department in 457 instances. Similarly, under the emergency provisions of sections 23 and 24 of the Public Health Act, 1936, as amended by section 33 of the Manchester Corporation Act, 1946, defects in public sewers were remedied by the department at 802 premises. Work was also carried out by the department after the service of notices under section 24 of the Public Health Act, 1936, to deal with defects in public sewers at 44 other properties.

The total cost of these works, undertaken by the department and charged to the owners, was £5,242. In addition, £443, being the cost of work on public sewers under the highway and repairable by the Corporation, was charged to the Highways Committee.

The drains at 258 premises were examined, in accordance with the formal procedure of section 48 of the Public Health Act, 1936, as extended by section 3 of the Manchester Corporation Act, 1946, and appropriate action was taken to remedy defective conditions revealed by the examinations.

The most common causes of these examinations continued to be percolation into basements or sub-floor spaces (54), rat infestations (46), subsidences (24) and recurring stoppages in drains (24).

Rodent control

The incidence of rodent infestations, as represented by the number of notifications received, 7,708 compared with 7,700 in the previous year, remained virtually unchanged and no major infestations of rats or mice were reported. There was however an increase in the number of properties found to be infested, 8,379 compared with 7,331 in 1967, due to a 22 per cent increase in the number of premises found to be infested by mice. Correspondingly, mouse eradication occupied the major part of the department's rodent control work, especially in areas where the demolition of properties and redevelopment proceeded.

The free eradication service of the department continued to be available for infestations at domestic premises, with the routine use of warfarin and the supplementary use of an acute poison in appropriate circumstances.

At the request of the owners or occupiers of business premises, eradication measures were applied on the payment of the costs, based on the operator's time and the materials used, and a total of £2,830 was received from this source.

The incidence of properties found to be rodent infested is tabulated below:—

	Type of property	
	Non-agricultural	Agricultural
Number of properties in district	228,064	49
Total number of properties (including nearby premises) inspected following notification	9,121	12
Number infested by		
(i) rats	2,052	3
(ii) mice	5,619	3
Total number of properties inspected for rats and/or mice for reasons other than notification	908	6
Number infested by		
(i) rats	164	1
(ii) mice	544	1

The City Engineer and Surveyor's Department, in the maintenance of the systematic treatment of the City's sewers with the use of fluoracetamide and bait, reported that 13,262 of the 17,000 sewer manholes were treated twice.

Radication of insect pests

Although the ubiquitous spider beetles of the ptinidae family and, to a lesser extent, wood-boring and plaster (*enicmus minutus*) beetles, continued to be amongst the household insect pests on which the department's advice was sought, cockroaches, usually *Blatta orientalis*, were the most frequent cause of concern, generally in old property. There was an increase in the number of instances of householders' complaints of wasps nesting in roof spaces and wall ventilators and also of mites invading rooms from birds' nests in the eaves or spaces of roofs. The reported incidence of bed-bug or flea infestations was again low and, where found, was generally associated with gross neglect and dirty conditions. The exceptions, mainly related to flea infestations, were found to have arisen from infested domestic animals. Departmental action was required to secure the cleansing of 63 filthy or verminous premises.

The Housing Manager has reported that the disinfestation service of the Housing Department dealt with insect infestations at 663 municipal houses.

Fouling of footpaths by dogs

The Corporation byelaw, making it an offence for a person being in charge of a dog to allow the dog to foul the footpath, whilst expressing public opinion does not provide an effective legal deterrent.

By means of press publicity, together with the direct approach to all dog owners in the City through a request printed on the annual dog licence reminder cards, the department continued to seek the co-operation of dog owners in keeping the streets free from this nuisance.

Feral pigeons

The department continued to deal with complaints arising from the presence of starlings and pigeons in various parts of the City and there is evidence to suggest that the nuisance, damage and annoyance caused by pigeons is increasing. Information on the elimination of such infestation, commonly by the use of trapping technique was made available to the owners of the properties concerned.

In addition, the department co-operated with officials of the Ministry of Agriculture, Fisheries and Food and of neighbouring local authorities and with the owners of premises in the humane elimination, by means of a narcotised bait, of feral pigeons in the dock area and an adjacent part of the City. Since 1965, this Ministry has undertaken counts of birds in this area and whilst there has been an appreciable reduction in the numbers, approximately 12,000 during the four year period, the pigeon flock density remains relatively high. These flocks of birds live mainly on spillage occurring in the vicinity of grain processing plants and warehouses.

Some trapping sites have been established on public buildings in the central area of the City, with limited success. Traps set adjacent to a public square where birds are fed regularly by the public, gave a poor take when compared with another trapping site where feeding by the public was haphazard. This confirmed the department's view that only by the eliminating of such feeding will it be possible to reduce effectively pigeon infestation. A reduction in pigeon flock density in the absence of a reduction in the food available merely provides more food for the surviving pigeons and thus facilitates the restoration of the pigeon population to its former level.

In the future, the control of pigeon populations may be possible by the use of reproduction inhibitors. While certain chemical compounds may be suitable for this purpose their use is prohibited until approval is given by the Advisory Committee on Pesticides and other Toxic Chemicals.

Offensive trades

The Public Health Act, 1936, section 107, together with an Order made applicable to Manchester under an earlier enactment in prescribing that certain businesses shall be deemed to be "offensive trades", provide statutory control over the operation of such and supplement the relevant nuisance provisions of the Public Health Act. Commonly, these businesses are concerned with the processing of organic materials with a corresponding need for the strict observance of standard practices to prevent the discharge of objectionable effluvia. All the registered offensive trades remained under surveillance with increased attention to an area containing several of these businesses, together with some other chemical processes under the control of H.M. Alkali etc, Works Inspector who was kept informed of the department's concern with complaints of the intermittent emissions of noxious fumes. At one plant, dealing with processes registered under both the Public Health Act and the Alkali etc, Works Act, a joint investigation was undertaken. Although these and other plants in the particular area were not found to be causing a nuisance, the necessity for avoiding such occurrences was stressed to the managements. In one instance of unsatisfactory arrangements for the transport of raw organic material information was sufficient to secure the resumption of normal practice.

Effluvium and dust nuisance

Various industrial and commercial activities were responsible for effluvium and dust nuisances. Generally, these were abated without recourse to formal action by the department, but not without some technical difficulties and expense to owners or occupiers. This would have been reduced if, in the initial construction or adaptation of the buildings or the installation of equipment for the particular processes, more attention had been given to functional requirements, especially those of the provision of suitable means of ventilation.

Informal action dealt effectively with nuisance found to be arising from fumes emitted in the manufacture of chromium acetate, from the discharge of dust from a manufacturing plant using asbestos and with dust nuisance from the demolition of buildings in the City centre. It was necessary, however, to issue nuisance abatement notices for the suppression of coal dust from a storage and distribution depot, in respect of fumes from asphalt mixing on building work in the City centre and nuisance from the exhaust ventilation from a restaurant kitchen.

Noise nuisance

The investigation of noise from industrial, trade and domestic sources causing public complaints continued to be necessary.

Court proceedings, commenced at the end of 1967 to secure the abatement of noise nuisance from the use of forced draught in a car washing and drying plant, were completed during the year. A nuisance order was granted requiring abatement of the nuisance, forthwith, and costs amounting to £112 5s. 0d. were awarded against the defendants.

Commonly, complaints of noise of domestic origin were limited in their significance and readily remedied by visiting inspectors emphasising the right of neighbours to the quiet enjoyment of their homes. Trade and industrial activities, however, usually required technical investigation by the inspectors with the measurement of sound intensity to ascertain whether a statutory nuisance was arising. These investigations involved considerable time and more than 500 visits. The investigations also dealt with complaints of noise from clubs, especially that of amplified "music" disturbing neighbouring residents during the evening and night and generally was resolved by informal action. In dealing with noise from building operations, it was necessary in one instance to serve an abatement notice before the nuisance was remedied, otherwise informal action was effective. The publication by the Ministry of Public Building and Works of the advisory leaflet on "Noise Control on Building Sites" provides a most useful guide to contractors on practicable measures of noise suppression. In two instances of the proposed installation of new plant in existing factories, preliminary enquires by the managements was an encouraging indication of noise consciousness and a desire to avoid causing a noise nuisance. At a food factory where the operation of a newly installed unit promptly evoked complaints from occupiers in the vicinity, discussion with engineers of the plant manufacturers eventually produced most effective modifications of the machine. Subsequently, the department was informed that the manufacturers had appropriately altered the machine design.

Land used by pleasure fairs

Twelve pleasure fairs were held on land approved by the Corporation in agreement with the Showmen's Guild. Eleven were held on public recreation grounds or parks and one on land awaiting redevelopment and also owned by the Corporation.

In one instance the failure of the fair proprietors to comply with a requirement in the agreement, concerning the availability of public sanitary accommodation, necessitated action through the Town Clerk. At another fair the unsatisfactory condition of the sanitary accommodation was remedied on the request of the public health inspector, and elsewhere similar informal action secured attention by the fair proprietor to the relevant requirements of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966. A complaint of noise nuisance from another fair could not be supported after investigation of the circumstances.

Rag flock and other filling materials

The effect of the demolition of areas of older properties in the City was of some significance to the reduction in the number of premises registrable for the use of designated filling materials under the Rag Flock and Other Filling Materials Act, 1951, and subsequent Regulations. This reduction also reflected the increased use of alternative non-designated materials.

There are now 37 premises registered for the use of designated filling materials in the manufacture of upholstery (19), quilts (12), bedding (4) and cushions (2) representing a progressive total reduction of 24 premises during the past four years, the change being mainly in respect of upholstery premises.

No rag flock has been manufactured in the City, but five premises are licensed for its storage prior to distribution to users, compared with six licensed premises in the previous year.

In the course of 99 visits to the various premises to ensure compliance with the Act and Regulations, 18 samples of designated filling materials were obtained and submitted to the prescribed analyst for examination. Each sample of rag flock (5), cotton felt (5), woollen felt (3), Algerian fibre (2), cotton flock (1), hair (1) and kapok (1) was found to satisfy the relevant standards.

Consumer Protection Act, 1961

In accordance with the provisions of the Consumer Protection Act, 1961, no person shall sell, or have in his possession for sale, any prescribed class of goods, not complying with regulations made to prevent or reduce risk of personal injury or death.

Visits were continued to shops and market stalls and, where available, purchases were made of particular goods for examination in the enforcement of the requirements of the Nightdresses (Safety) Regulations, 1967, and the Toys (Safety) Regulations, 1967. Court proceedings are pending in respect of two ladies' cotton nightdresses, which failed the prescribed test for low flammability and did not bear the necessary warning label. Concerning toys, defined as children's playthings, no contravention of the regulations was found. In one instance the attention of the wholesaler was directed to a part of a babies' rattle which presented a potential danger, while not contravening any statutory requirements.

Export of washed rags and second-hand clothing

As a public health measure, to comply with the import requirements of certain overseas countries, the inspection and certification of the disinfection of washed rags and second-hand clothing continued; two-and-a-half tons of rags, and miscellaneous articles and bundles of second-hand clothing were so dealt with. In addition, twenty bales of second-hand clothing were disinfected for the Royal Women's Voluntary Services before dispatch to the Congo for use by refugees.

Swimming baths

Twenty-six municipal and 18 baths at colleges, schools or privately owned establishments use the City's main's water supply and are provided with continuous filtration plants with a turnover period of four hours or less, dependent upon the bathing loads.

Alumina ferric or alum are used as coagulants in the plants, and an alkalinity of approximately 7-8pH is maintained with the use of soda ash. Sterilization is secured by the use of chlorine. All the baths were visited at different times during use and the water tested for the pH value and free residual chlorine present.

The bath-side tests carried out by the department revealed that the water was being maintained at a satisfactory standard at all the municipal baths, but in three other instances it was necessary to secure attention to the maintenance of an adequate chlorine dosage.

Establishments for massage or special treatment

In accordance with Part IX of the Manchester Corporation Act, 1924, and byelaws relating to the licensing and conduct of establishments for massage or special treatment, licences were issued in respect of 68 establishments for the following types of treatment: chiropody (41), chiropody and manicure (2), massage, chiropody and electrical (4), massage, electrical treatment and exercises (3), massage (4), massage, osteopathy, electrical and exercises (2), massage, manicure, chiropody and electrical treatment and sauna bath (1), massage, remedial exercises and infra-red lamp (1), massage and remedial exercises (1), massage and chiropody (1), massage—non-medical (1), physiotherapy, massage and exercises (1), physiotherapy, osteopathy and chiropody (1), steam bath and non-medical massage in connection with beauty treatment (1), Turkish baths (1), colonic irrigation (1), low frequency electrical treatment in connection with weight reducing for ladies (1), sun-ray and high frequency electrical treatment (1).

When considering applications for the licensing of these establishments, consideration was given both to the technical qualifications and experience of the person or persons giving treatments and to the suitability of the premises.

Visits made to the establishments revealed that the requirements of the Corporation Act and byelaws were being satisfied.

An appeal by one applicant against the refusal of the Corporation to grant a licence for massage or special treatment, which was pending at the end of 1967, was withdrawn.

Hairdressers and barbers

The premises of 50 applicants were registered in accordance with the requirements of section 42 of the Manchester Corporation Act, 1946, and byelaws made under the Act. The total number of premises so registered is 700. In the course of 208 inspections, to ensure compliance with the department's requirements as to the cleanliness of the premises equipment and persons engaged, informal action was necessary in twelve instances.

Sale of certain poisons

Although the earlier Poisons Rules were consolidated and amended by the Poisons Rules, 1968, following the addition of various substances to Part I of the Poisons List by the Poisons List Order, 1968, the department's duties, being concerned with the requirements to be observed in the sale by "listed sellers" of poisons prescribed in Part II of the Order, were not materially affected.

There was a further reduction in the number of “listed sellers”, from 624 to 540, which whilst including 47 newly registered applications, compared with 67 in the previous year, was mainly indicative of the trend toward a lessened use of scheduled poisons in the composition of household disinfectants, detergents and insecticides.

No formal action was taken in dealing with the various conditions relating to containers, storage, labelling or the keeping of records, but it was necessary to advise numerous vendors of their responsibilities as “listed sellers”.

Burial grounds and exhumations

Preparatory to acquisition by the Corporation for conversion to a garden, with the agreement of the owners, a seriously neglected burial ground at which vandalism has been occurring was secured against unauthorised access and repairs carried out to boundary walls. Acquisition of another similarly neglected misused burial ground is in progress for conversion to a playing field.

The remains of four persons were exhumed from two cemeteries, under the supervision of the department, for reinterment, in accordance with a licence granted by the Home Office in respect of two persons and a Bishop’s faculty from the Diocesan Registrar for the others.

Public conveniences

The department’s programme for the provision of conveniences in particular areas of the City previously without these facilities has been completed. Future schemes will be associated mainly with urban renewal and the modernisation of older conveniences.

Conveniences for both sexes in Stevenson Square were renovated and re-opened to the public. Two obsolescent urinals were closed.

The number of public conveniences and urinals is now as follows:—

				<i>Men</i>	<i>Women</i>	<i>Total</i>
Conveniences	..	..	..	65	60	125
Urinals only..	..	..	..	41	—	41
						<hr/> 166 <hr/>

Free hand washing facilities continued to be available in all conveniences with a reservation as to the extent to which paper towels, soap and hot water could be maintained, owing to misuse and damage at different conveniences.

The arrangements for leaving most of the conveniences open throughout the night continued.

The Ministry of Housing and Local Government asked local authorities, when providing new conveniences, to consider incorporating a special water-closet compartment for the use of disabled persons. Such provision is planned for conveniences within a shopping development in the central area of the City. Whilst there is no difficulty in providing these facilities for ambulant disabled persons and those able to reach the conveniences in wheeled chairs, a serious practical difficulty arises in attempting to provide parking facilities for disabled persons using mechanically propelled transport. The feasibility of this provision is, however, under consideration in the particular central area shopping development.

Recurring damage and the misuse of conveniences, together with the difficulty in recruiting suitable persons to work as attendants and cleaners, continued to impose limitations on the standard of service the department would wish to provide.

Sewerage and Sewage Disposal

Sewerage

The City Engineer and Surveyor who is responsible for the provision and maintenance of the sewerage system of the City has supplied the following information:—

“Generally the whole of the City is sewered, but in some areas the sewers are inadequate to deal with the increased flows which occur in time of storm, and this results in discharge of polluted matter to the various rivers and streams.

One of the worst areas is part of Blackley which will be relieved by the New Rochdale Road Relief Sewer, the second and final stage of which is nearing completion.

A scheme has been prepared to relieve the Openshaw and Bradford areas of the City by construction of Main Drainage Work 6. This is awaiting financial sanction and it is hoped that work will commence in March, 1969. With the closure of Bradford Colliery the damage to sewers which has occurred in previous years should cease. The television inspections of the main sewers have been carried out and the City Engineer is in close touch with the National Coal Board regarding the necessary remedial works”.

Sewage treatment and disposal

The General Manager of the Rivers Department which undertakes the treatment and disposal of sewage including a large volume of trade effluent, from the City and certain adjacent districts, has supplied the following information:—

“The improved sewage and trade effluent treatment facilities thus provided for Manchester and many of its neighbouring local authorities will produce, as a by-product, considerably-increased quantities of sludge for disposal. After thickening, the waste material will be conveyed to the deep water of the Irish Sea for disposal without nuisance in an Admiralty-approved spoil ground. During 1968, a second Manchester sludge vessel, the m.v. “Percy Dawson”, was commissioned to join m.v. “Mancunium” in this service. By 1971, additional berthing facilities will have been constructed adjoining the Manchester Ship Canal, to enable further larger sludge vessels to be operated from Davyhulme”.

Report of the Public Analyst

The period covered by this report represents the third complete year in which the laboratory has been in temporary accommodation at Monsall Hospital. It was reported last year that in spite of unavoidable delay in the building of the new laboratory, it had been decided to go ahead with the modernization of the laboratory equipment in order to be able to keep abreast with developments in Food and Drugs Technology.

The main function of the laboratory is the analysis of samples taken by inspectors under the Food and Drugs Act. Complaints from members of the public concerning the quality or contamination of food and drugs are also dealt with. In addition, samples are examined for the Port Health Authority to ensure that imported food complies with the various regulations. The Public Analyst is appointed Official Agricultural Analyst of the City and samples taken under the Fertilisers and Feeding Stuffs Act, by the Parks Department are submitted to the laboratory for analysis. The facilities of the laboratory are available to all other departments of the Corporation, and scientific advice is given to other departments together with analysis of samples when required.

Out of a total of 2,180 samples submitted by the inspectors under the Food and Drugs Act, 80 were reported as being adulterated or showing other irregularity, representing 3·7 per cent of unsatisfactory samples. During the year special attention has been given to a number of topics. These have included the testing of foodstuffs for pesticide residues and the examination of tomato products for mould contamination. The range of drug samples examined has been extended and the proportion of drugs in the sampling programme has been increased. Public concern has been shown at the continued use of cyclamates as artificial sweeteners in food, subsequent to the statement by the Food Additives and Contaminants Committee, of the Ministry of Agriculture Fisheries and Food, that more research was needed as a matter of urgency on the safety of these substances. During the year the Ministry sent out a request for information as to the extent that cyclamates were being used, and a report was prepared on the samples that had been examined in the laboratory.

The main changes in the law were the coming into operation of the Meat Pie and Sausage Roll Regulations 1967, and the publication of the Fish and Meat Spreadable Products Regulations 1968. These are just two of a series of regulations on various meat products which will be coming into operation during the next few years. Other new regulations affecting the work of the laboratory are the Fertilisers and Feeding Stuffs Regulations 1968. These regulations extend the legal standards to cover the content of trace elements in fertilisers and also mineral supplements and prophylactics in animal feeding stuffs.

A summary of the work done in the laboratory is given in the following pages together with comments on some of the more interesting samples examined during the year. Where, in respect of unsatisfactory samples, it has been possible to indicate subsequent action, the information has been provided by the Medical Officer of Health, and by the Sanitary Services Division of the Health Department.

Samples examined in the laboratory

Health Department:—

Food and Drugs Act—Inspectors samples	..	..	2,180
—Complaint samples	..	..	56

Atmospheric Pollution:

Daily smoke and sulphur dioxide	..	..	2,114
Deposit gauges	..	..	32
Miscellaneous	..	..	3

Waters:

Routine and complaint samples	44
Plumbosolvency	31
Others	15

Miscellaneous	24
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Baths and Laundries Department	1
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Direct Works Department	1
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Parks Department:—

Fertilisers and Feeding Stuffs Act	50
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Port Health Authority:—

Food samples	73
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Waters	10
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Miscellaneous	11
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Food and drugs adulteration

Food and Drugs Act, 1955

Summary of food and drugs samples showing adulteration or other irregularity

Article	Number unsatisfactory					
Cheese	1
Fish potted	1
Food colour	1
Fruit:						
bottled	1
canned	1
dried	2
Fruit pie	1
Meat products:						
beef croquettes	1
canned products	8
potted meat	2
meat pie	1
Milk	38
Milk shake powder	2
Pickles and chutney	9
Pie filling (canned)	1
Salad dressing mix	2
Sauce	1
Seasoning mixtures	3
Soft drink (canned)	1
Soup (dried)	1
Vegetables (canned)	1
Water ice	1
Total unsatisfactory samples	80

Composition of milk

The average value for the percentage of fat and non-fatty solids in all milks free from added water are set out below.

	Milk samples other than Channel Islands			Channel Islands Milk samples		
	No.	Fat per cent	Non-fatty solids per cent	No.	Fat per cent	Non-fatty solids per cent
First quarter	134	3.71	8.60	26	4.46	8.87
Second quarter	79	3.58	8.69	10	4.31	9.06
Third quarter	90	3.71	8.67	10	4.42	8.93
Fourth quarter	103	3.88	8.74	27	4.75	9.04
Average for year ..	406	3.73	8.67	73	4.54	8.97

Adulteration of milk

There are two factors in modern dairy practice which make the detection of milk adulteration more difficult than it used to be in years gone by. The first of these is the fact that practically all milk sold to the public goes through a small number of very large dairies. In consequence any adulterated milk is liable to be mixed with a large volume of satisfactory milk. The second factor is the chang-over to road tankers for the collection of milk from farms from the practice of using churns for this purpose. The taking of samples is most conveniently carried out either at the point of retail distribution or at the delivery to the dairy, of the milk received from the farms. In the case of milk received in tankers, however, the milk from several farms is usually mixed together and hence any unsatisfactory milk may well be mixed with a much greater volume of perfectly good milk. In the case of milk containing added water, the problem these days is therefore to detect a comparatively small proportion of water in a large volume of milk, which may be derived from a large proportion of water in a comparatively small initial bulk.

In previous years the practice in this laboratory has been to screen all samples by simple rapid tests such as are used in the dairies themselves, leaving more comprehensive testing for those samples which were thus shown to be of dubious quality. These tests rely on the calculation of solids content from the specific gravity of the milk. This year, in order to increase the accuracy of the tests, the solids content of all samples was measured directly in an attempt to detect low levels of added water. In consequence, the figures given in the above table for the composition of milk cannot be compared precisely with the figures given in previous years, although the actual differences are very small indeed. Similarly, the apparently greater rate of adulteration of milk found this year probably represents an increase in the detection of adulteration rather than an increase in the rate of adulteration itself.

Out of a total of 439 samples of ordinary milk and 78 samples of Channel Island milk, 33 samples of ordinary milk and 5 samples of Channel Island milk were reported as containing added water. No samples were deficient in fat. The majority of these samples contained only between 1 and 3 per cent of added water, these being milks obtained on retail sale. A number of unsatisfactory samples were obtained in the course of investigations at the dairy, to ascertain

the point at which the water was gaining access to the milk. These included some raw farm milks. These samples tend to inflate the apparent overall rate of adulteration in milk samples. In only one instance, involving five samples, was the proportion of added water sufficient to warrant prosecution. This concerned a delivery of farm milk to a dairy.

The detection of water in Channel Islands milk presents its own problems. The Sale of Milk Regulations 1939 lay down that milk containing less than 8·5 per cent of non-fatty solids shall be regarded as containing added water until the contrary is proved. Channel Islands milk, in addition to being richer in fat than ordinary milk, is also richer in non-fatty solids. In consequence it is possible for Channel Islands milk to contain a significant amount of added water and yet still be above the presumptive standard. The most specific indication of added water in milk is given by the Hortvet Freezing Point Test. In this laboratory the test is applied to Channel Islands milk which contains more than the presumptive minimum non-fatty solids content. During the year 5 samples were found to contain added water but in no instance was the amount found greater than 2 per cent and all samples contained more than 8·5 per cent of non-fatty solids.

During the year work continued on the detection of penicillin in milk. Penicillin is used in the treatment of mastitis in cows, and the sale of milk from cows which have been treated with this antibiotic can give rise to contamination of the milk. A limit of 0·05 international units of penicillin per millilitre of milk has been recommended. Fifty eight samples of raw milk were tested during the year, but no instance of excessive penicillin contamination was detected.

Samples other than milk

Some notes on cases of adulteration or irregularity

Blackcurrant pie. This was a pre-packed article which was contained in a cardboard carton, the carton bore the words "blackcurrant pie" and there was also a picture of a bunch of blackcurrants. The filling of the pie was found to contain a mixture of blackcurrant and apple and the pie should have been described as a blackcurrant and apple pie.

Broad beans (canned). This sample contained the artificial colour Blue VRS. This colour was permitted in the Colouring Matter in Food Regulations 1957, but was removed from the permitted list by the 1966 regulations. Although manufacturers have had a considerable time to change over their products to comply with the new regulations, occasional infringements of this type are to be expected. This was the only instance recorded during the year of the presence of a colour which had been removed from the permitted list by the 1966 regulations.

Milk shake powder. Samples of milk shake flavourings were examined; these consisted substantially of sugar, flavouring, colouring and gums. Two samples which declared the presence of added vitamins were found to contain less vitamin C than the amount declared. Further samples of the same product were found to be satisfactory, and the deficiencies were probably due to loss of vitamin C during storage in the shop.

Pickles. A sample of pickles described as hot dog relish was found to contain the artificial colour Quinoline Yellow. This colour is not permitted in food in this country. This was an imported product and the stock was withdrawn and re-exported. A sample of pickled onions was found to contain 220 parts per million

of sulphur dioxide. This substance is allowed as preservative in certain foods, but only 100 parts per million are allowed in pickles. The principle on which the Preservatives in Food Regulations work is that, whilst it is permissible to use preservatives in certain foods, the amount must be kept to the minimum required to produce the necessary preservative action.

Soft drink. An imported fruit drink was found to contain an artificial colour which is not included in the list of colours permitted for use in food. The label also failed to comply with the requirements of this country, in that undue prominence was given to the presence of fruit juice and a prospective purchaser could be misled as to the quality of the product.

Strawberries (canned). This sample represented another instance of an imported product containing a prohibited colouring matter. Three artificial colours were found including the red colour Ponceau 6R. This colour, whilst prohibited in this country, is permitted in the member countries of the European Economic Community.

Water Ice. Whilst the composition of ice cream is covered by regulations, there are no specific requirements for ice lollies which are made out of water ices. The situation is further complicated by the sale of similar products in plastic sachets, in the unfrozen state. These are intended to be frozen in the domestic refrigerator. From the manner in which these products are labelled it is apparent that some manufacturers consider them to be soft drinks. Provided the products sold are of good quality it would seem to be unnecessary to quibble as to the exact definition of these products. On the other hand, one sample received in the laboratory consisted of little more than coloured and flavoured water containing a trace of sugar and some preservative. Considered as a soft drink, the sample was deficient in sugar and contained an excessive amount of preservative. On the other hand, if the product was not a soft drink, preservative would not be permitted at all. An adverse report was given on this sample.

Meat products. For most meat products, this year represented a transitional period between the making of regulations and the coming into force of these regulations. On the other hand, many products are already covered by codes of practice or have traditional compositions. Adverse reports were given where it was felt that in spite of a lack of a standard, a product was not of the quality which a purchaser would normally expect.

A number of canned meat products were found to be either incorrectly described or deficient in meat. These were all dealt with by cautionary letter. A sample of chopped pork contained only 86 per cent of meat as against a minimum of 95 per cent laid down in the new regulations, the sale of this product will be illegal from June, 1969. Another sample labelled as chopped pork was found to consist of meat with cereal and should have been labelled accordingly.

A number of samples of canned sausages were also the subject of adverse reports. Although here again there were no legal standards, most manufacturers have accepted meat contents equal to those laid down in the new regulations for some time. Four samples were received which were described as hot dog sausages, and which contained between 51 and 62 per cent of meat. Hot dogs are traditionally made from frankfurters or Vienna sausages, which should have a meat content of not less than 70 per cent. It was held that hot dog sausages should comply with this standard. Another sample of canned frankfurters was found to contain 63 per cent of meat.

A sample of potted salmon was found to contain a starchy filler and should have been described as salmon paste. Two samples of potted beef were found to contain appreciable amounts of extraneous water, in one instance amounting to almost 30 per cent. Traditionally potted beef should contain almost 100 per cent of meat, but the standard will not be legally enforceable until 1971.

The Meat Pie and Sausage Roll Regulations came into operation on the 31st May. During the year one pie was found to be deficient in meat. There is considerable difficulty, especially with the smaller pies, in obtaining uniformity of composition between one pie and the next. No action can reasonably be taken unless several unsatisfactory pies are found, and further samples from the same manufacturer will be examined.

Miscellaneous labelling offences. The requirements as to the labelling of food are covered by the Labelling of Food Order, 1953, and there are also additional requirements for certain foods in the various food standards orders. These regulations are designed to ensure that the labels on food containers are as informative as possible, and that the purchaser is not misled as to the contents. With most foods the manufacturer is required to put a list of ingredients on the packet and in order that undue prominence shall not be given to one particular ingredient, they are required to be specified in the order of the proportion in which they were used, the ingredients used in the greatest proportion (by weight) being specified first.

Samples received in the laboratory are analysed in the light of the requirements of the various labelling regulations. During the year 20 samples were reported as having labels which were unsatisfactory in one way or another. Eleven of these involved the declaration of the ingredients in the wrong order, in each case undue prominence was given to one of the more expensive ingredients. For example, a number of seasoning mixtures were examined in which spices appeared first on the list of ingredients, whereas they were only present in comparatively small amount, the major ingredient in each case being some diluent. Two samples had incomplete lists of ingredients: liquid glucose was not declared in some cut mixed peel, and artificial colour was omitted from the list of ingredients in some beef croquettes.

Not only should a list of ingredients be given on food containers, but the names of the ingredients used should be sufficiently precise to enable the purchaser to know exactly what has been added. A can of peach pie filling was declared to contain "thickner" but the name of the particular thickner used was not declared. A bottle of food colour failed to give the name of the artificial colour in the bottle and a sample of processed cheese gave no indication of the variety of cheese used.

Consumer complaints

During the year 56 samples were examined in connection with complaints from consumers. These can be classified under several headings and a summary of the work done is given below.

Unsound food. A number of cans of chopped pork were examined following reports of discoloration of the meat. This material had been canned several years ago, and there was a certain amount of black staining of the surface of the meat adjacent to the seam in the can. Careful examination of the contents revealed them to be perfectly wholesome, although the staining was admittedly unsightly. The area stained was in many cases quite small and there was insufficient evidence to condemn the stock. Another canned article, this time chicken broth, showed considerable rusting and denting of the can. The inside surface of the can was however in good condition and the contents had in no way deteriorated. A number of cans of corned beef, which had been delivered to the school meals service, were examined for the Chief Veterinary Officer. The analytical results were consistent with sulphide staining of the meat. A lamb chop was the subject of a complaint of green discoloration. This was probably due to a growth of streptococci which were found in very large numbers on the surface of the chop.

Another case of discoloration concerned some black puddings which turned the water in which they were boiled a purplish colour. The skins of the black puddings contained 4 artificial colours, and these were shown to be responsible for discolouring the water.

Samples of corn oil were examined following a complaint of an unusual taste in food which had been fried in the oil. The samples were found to be of perfectly normal composition. A sample of salted peanuts was examined which was rather stale, and in which the oil was beginning to go rancid.

A wrapped sliced loaf was examined to ascertain the cause of damage to the wrapper and the corner of the loaf. Microscopical examination of the damaged area revealed the presence of rodent hairs, confirming rodent attack on the loaf.

A sample of prunes was received from the school meals service. There were a number of bright yellow patches on the surface of the prunes, which were shown to be due to mould.

Foreign matter in food. The greatest number of complaints, twenty four samples in all, concerned the presence of foreign objects in food. A piece of cloth which had been found in a sausage was found to consist of an adhesive wound dressing. The manufacturers were prosecuted and fined.

A number of complaints concerned the presence of foreign matter in milk, but in most cases the contamination was so slight that the complaint was hardly justified. In one instance a quantity of foreign material was adhering to the inside of a milk bottle. Chemical analysis showed this to consist of mortar or concrete. This was probably derived from a bottle which had been left lying around on a building site, before being returned to the dairy. Once set into the glass, mortar cannot be removed by the ordinary bottle washing process.

Another common complaint concerned dark particles in various types of food. These are usually shown to consist of burnt or charred food particles. A cream bun contained a quantity of charred starch which was probably derived from a residue of an earlier baking which had become charred by repeated cooking. Two complaints of dark particles in dried milk were shown to be due to overheating of the milk in the drying process. Other samples containing charred particles were one of canned baby food and one of corned beef. Black specks in a sample of sugar consisted of charcoal which was probably derived from the charcoal used for decolorizing the sugar during refining.

Insects were found in a loaf of bread, a steak and kidney pie, a meat pie, and a jar of strawberry jam. In each case it was possible to show by chemical analysis that the insect had been strongly heated. This suggested that the insects had gained access to the various foods before cooking.

Miscellaneous foreign objects in food included a particle of solder which had become dislodged from the inside of a can. A green mass from a can of pilchards was shown to consist of the contents of the stomach of one of the pilchards. Some dark material containing iron and mould was probably derived from machinery which was not cleaned sufficiently thoroughly. A piece of aluminium foil which was normally used to cover the cap on a bottle of cherry wine, had got inside the bottle, and was responsible for the wine becoming decolorized. A dark object in some porridge oats was found to be a slug.

One of the more unusual samples was one of salad dressing which had been made in a restaurant. This was normally made from olive oil, vinegar, salt and spices, but in this instance washing up liquid had been used in mistake for the olive oil.

Composition of food. Seven samples were examined in connection with complaints of the composition of food. A bottle of milk which was alleged to be watered was found to be of perfectly normal composition, whereas a sample of double cream contained only half the prescribed minimum quantity of fat. A six and two thirds fluid ounce bottle of gin contained so little alcohol that it was estimated that the bottle contained about half a teaspoonful of gin, and the remainder was water. There was considerable doubt as to the point before the sample reached the laboratory at which the substitution of water for gin was made. A sample of beef curry was alleged to contain so little meat that it would be suitable for a vegetarian. On analysis the meat content was found to be satisfactory, but it had been so finely minced as to be not apparent to the purchaser. Another complaint of meat deficiency concerned a hamburger. Again visual examination did not indicate the presence of more than a very small amount of meat, the sample having an appearance rather like stuffing. Chemical analysis showed the sample to contain about 76 per cent of meat, and this was held to be satisfactory. A sample of frozen garden peas was alleged to be made from processed peas. As peas ripen there is a gradual change from the quality normally known as garden peas, to the dried peas from which processed peas are made. Although the peas in the sample were somewhat riper than in many samples of garden peas, they did not have the characteristics of processed peas, and the complaint could not be upheld.

Pesticide residues

The presence of residues of pesticides in or on foodstuffs is a matter which continually causes concern amongst members of the public and others. These residues are the remains of insecticides, fungicides, weed killers etc. which have been applied either to the plants or the soil, in order to protect the crop from damage before it reaches the consumer. The substances which have caused the greatest concern are the organo-chlorine insecticides. These tend to remain on the surface of plants for comparatively long periods after application and when applied to the soil, residues can persist for a number of years. After consumption they are stored in the body fat where they can remain for prolonged periods. In consequence if an animal, which already contains a quantity of organo-chlorine insecticide, is eaten, the insecticide which it contains is transferred to the person who eats it. There is thus a possibility of a continuous build up of insecticides in the body and most people are now familiar with the effects that this is reported to have had in certain carnivorous animals, birds and fish.

In order to be able to obtain a true picture of the overall level of insecticides in foodstuffs, it is necessary to be able to detect one part of insecticide in about 100 million parts of food. Apparatus for the carrying out of this work was bought during 1967, and has been used for this and other work this year. During the year 56 samples covering 15 different varieties of fruit and vegetables were examined for organo-chlorine insecticides. In this country there are no legal limits to the amount of pesticides allowed. All samples were therefore compared with the standards used in the United States of America, and in all cases the contamination was, on this basis, found to be very low. The greatest level of contamination found was 0.5 parts per million of D.D.T. in a sample of Australian pears. This represents less than one tenth of the United States tolerance. Although these results are reassuring the range of foods so far examined is fairly restricted and it is hoped to extend the work to a wider range of foods next year.

Mould in tomato products

The degree of mould contamination of tomato products is assessed by the Howard Mould Count. The greater part of the work done in the laboratory on this subject concerns imported tomato puree which is examined for the Port Health Authority, but samples taken under the Food and Drugs Act are examined where appropriate. In previous years it has been necessary to report disagreement between the results obtained in this laboratory and in the laboratories of the importers. This year disagreement was again obtained on two occasions. On one occasion this was with the importers laboratory, and on the other with the laboratories in the country of origin of the puree. Members of the laboratory staff visited the importers laboratory in an attempt to isolate the points of disagreement. Facilities were also provided for representatives of the foreign manufacturers to discuss the method with the laboratory staff and to use the equipment in the laboratory for further checks on their products. Details of unsatisfactory consignments received are given under Samples examined for the Port Health Authority.

In addition to this, collaborative experiments were carried out with another enforcing laboratory to assess the level of agreement which can be obtained between different laboratories. A summary of this work is given below.

The Howard Mould Count is carried out by microscopical examination of the tomato product on a specially constructed slide under closely defined conditions. Twenty five fields are examined on each slide and each field is recorded as positive or negative, depending on whether fragments of mould are seen or not. Several, usually four or eight, slides are examined on each sample and the percentage of positive fields is calculated.

Whether a particular field is positive or negative is a question of chance, the probability of a positive result increasing as the degree of mould contamination increases. It is to be expected, therefore, that when different slides are examined from the same sample, different counts will be obtained. We must then add to this chance variability, a possible variability of the observer, differences of interpretation between observers and also differences between groups of observers in different laboratories. When comparing results from different laboratories, it is therefore necessary to consider whether any differences are real or whether they represent pure chance.

The generally recognised maximum acceptable count is fifty per cent positive fields and two samples approximating to this level of contamination were selected for counting in two laboratories. The average results obtained were as follows:—

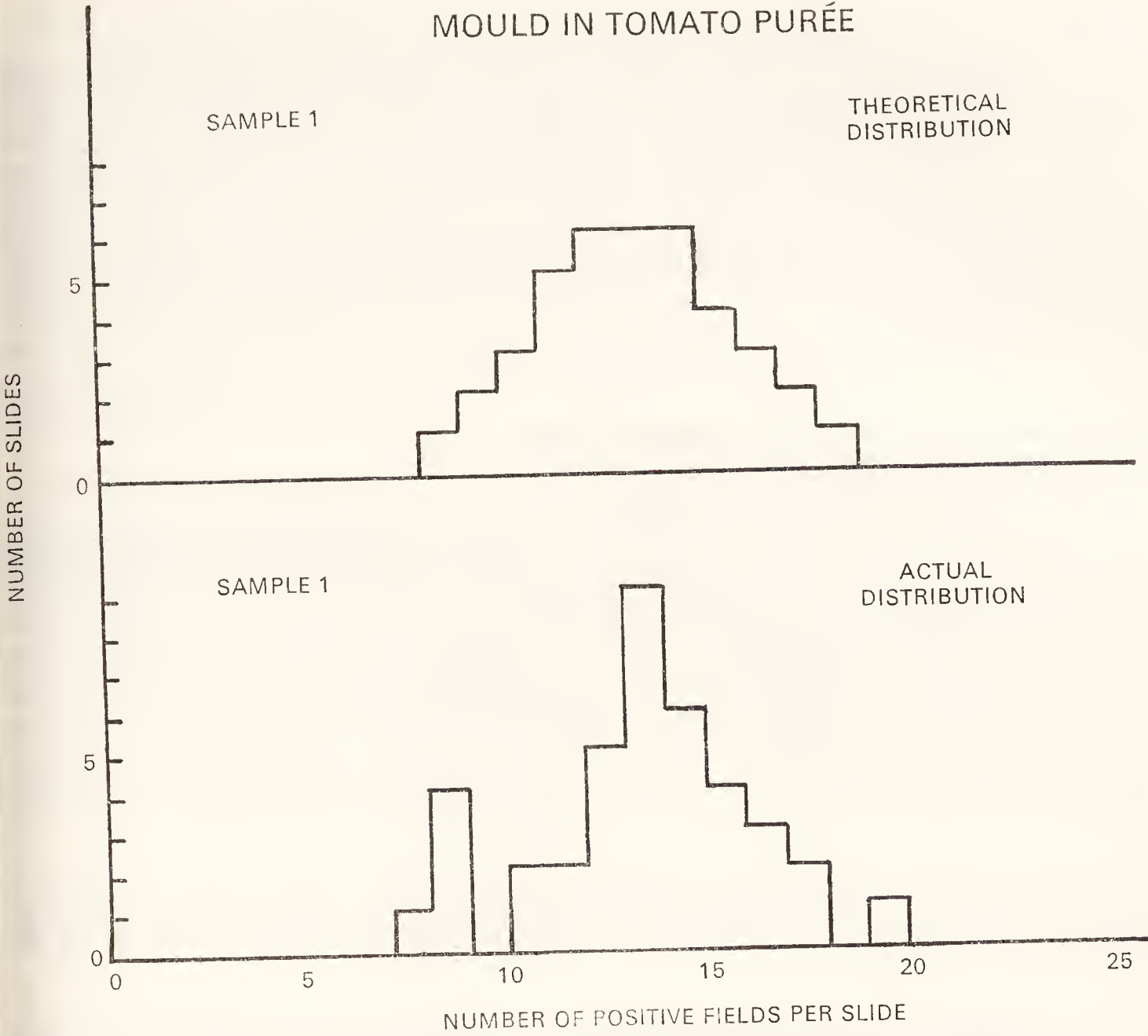
	<i>Sample 1</i>		<i>Sample 2</i>	
	<i>Slides counted</i>	<i>Mean positive fields</i>	<i>Slides counted</i>	<i>Mean positive fields</i>
Laboratory A	23	13·7	20	11·65
Laboratory B	16	11·75	16	11·5

In each instance three observers took part from Laboratory A and four from Laboratory B. Taking the mean count on each sample, after combining the results from the two laboratories it is possible to calculate the standard deviations of the counts on each sample, assuming random scatter of results. These are then compared with the standard deviations found:—

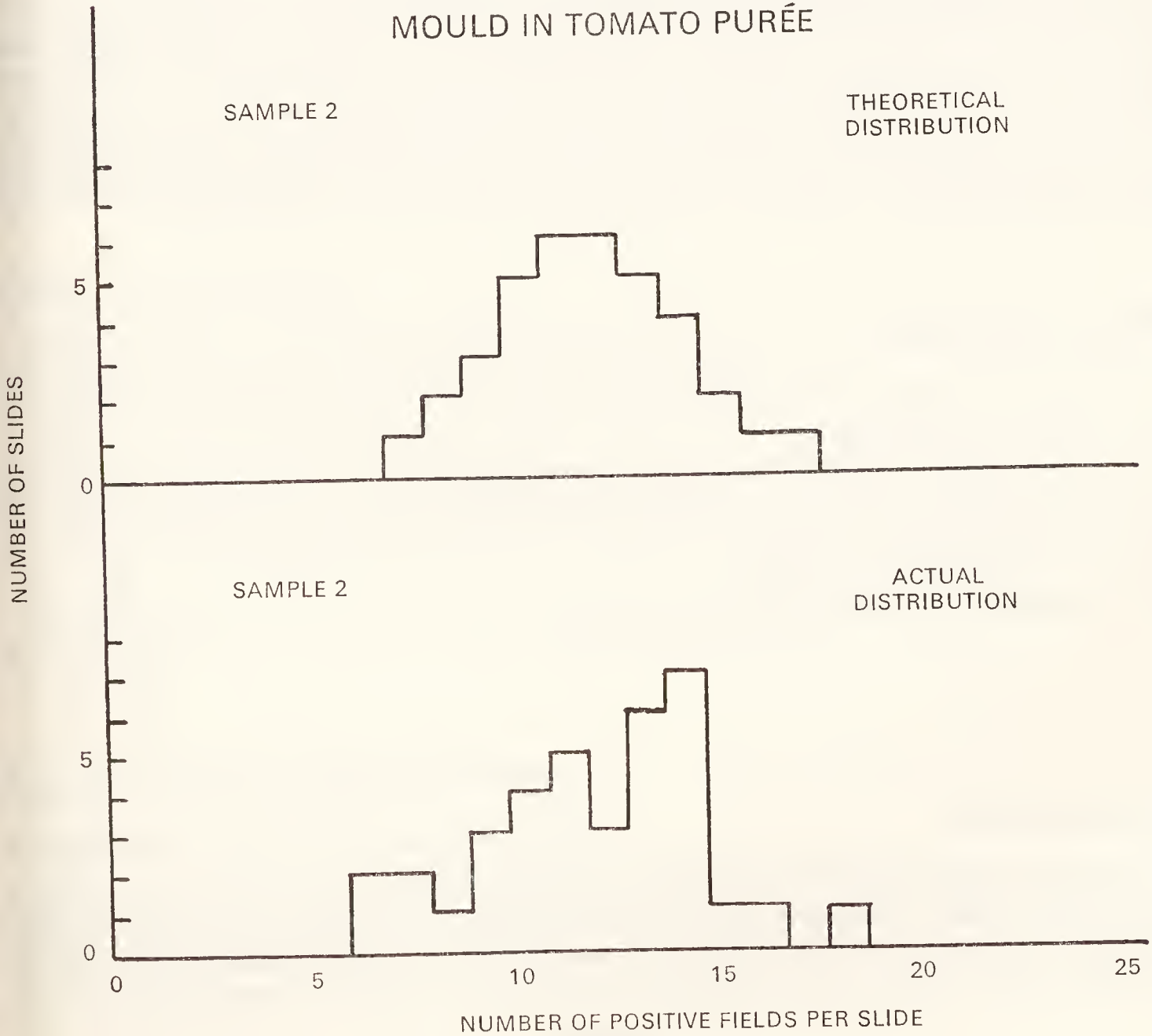
	<i>Mean positive fields</i>	<i>Standard deviation Calculated</i>	<i>Observed</i>
Sample 1	12·9	2·5	2·7
Sample 2	11·6	2·5	2·8

This can be examined in more detail by calculating the number of occasions on which any particular count would be obtained, and comparing these with the actual counts observed. This is illustrated on the accompanying histograms. It will be seen that the spread of results obtained agrees well with that predicted by theory and there is no evidence of any significant degree of variability attributable to the operators or the individual laboratories. This experiment indicates the level of agreement obtainable between laboratories, but it is hoped to extend the work further to increase the precision of the results. Thanks are due to Mr R. T. Hunter, Public Analyst for Kingston-upon-Hull, and his staff for their co-operation in this experiment and their helpful comments.

MOULD IN TOMATO PURÉE



MOULD IN TOMATO PURÉE



Drugs

The variety of drugs available to the public is so great that complete coverage cannot be achieved with the number of samples analysed. The aim is therefore to take a selection of most classes of drugs from as many manufacturers as possible. Included in the samples examined during the year were analgesic, antacid, antibiotic, antihistamine, antiseptic, hormone, laxative and vitamin preparations, together with drugs acting on the heart, muscles and nervous system. A total of 121 samples was examined and no samples were reported to be unsatisfactory.

Miscellaneous samples examined for the Health Department

A number of samples were examined to assist inspectors who were making various investigations. These included milk from a dairy taken in connection with routine samples which had been found to contain water. A sample of raw meat was examined in connection with the condition of a vehicle which was used for transporting food. A number of samples of food colour were examined on two occasions in order to ascertain the source of prohibited colour in food samples. A spider beetle was identified in connection with the infestation of premises. A jelly-like substance found in a water storage tank was identified as a bacterial growth.

A sample of pills, which were alleged to have been used in an attempt to procure an abortion, were examined for the Nursing Services Division of the Department.

Two toys were examined for the presence of celluloid in accordance with the requirements of the Toys (Safety) Regulations. Both were satisfactory in this respect but one, a "musical rattle", contained lengths of very stiff wire which were struck by a metal clapper and gave musical notes when the rattle was shaken. If the top of the rattle got broken the wires protruded dangerously and could easily have cut the mouth of a baby. Details were sent to the Consumer Protection Sub-Committee of the Association of Municipal Corporations.

Water samples

The water samples examined during the year may be classified as follows:—

Drinking waters

Samples taken to investigate complaints	..	..	..	16
Routine examination and checks on previous complaints				28
Ships drinking water	..	..	..	10
Plumbosolvency tests	..	..	..	31
Waters other than drinking waters	..	..	..	15
				<hr/> 100 <hr/>

Drinking water

It is the normal practice for Public Health Inspectors, when submitting a sample of drinking water, to submit a comparative sample to the Public Health Laboratory, for bacteriological examination and on each occasion a sample is therefore subjected to both chemical and bacteriological examination.

Of the sixteen complaint samples, seven referred to taints, only in one instance was the taint confirmed in the samples brought into the laboratory. A further five complaints referred to the presence of insects and in three instances there was limited support to the complaints. Three more complaints concerned sediment and colour, but received no support from the samples examined.

During the early part of the year thirty one samples of water representing the "first draw" were obtained from houses having lead piping. The World Health Organisation recommend a limit of not more than 0.05 parts per million for lead in drinking water. Where lead plumbing exists this will be invariably exceeded on standing overnight, the amount depending upon the soft or hard characteristics of the water.

Soft water takes up lead more readily, and a limit of 0.3 parts per million has been recommended by the World Health Organisation as the maximum amount taken up standing overnight.

The spread of results can be summarized as below:—

<i>Range</i> <i>parts per million</i>	<i>Number</i> <i>within</i>
0.000–0.049	2
0.050–0.099	12
0.100–0.149	5
0.150–0.199	4
0.200–0.249	5
0.250–0.299	2
0.300–0.349	1

It will be observed that about 75 per cent lie with 0.05 to 0.25 parts per million, and only in one instance was the figure of 0.3 parts per million exceeded. This when repeated at a later date yielded 0.22 parts per million.

Ten samples of ships drinking water were examined and were found to be chemically satisfactory.

Other water samples

Four samples of contaminated water from a drain ducting at a school were analysed at the request of the City Architect.

Eight samples of canal water were analysed to determine the nature and possible source of the contamination and the resulting nuisance. It was shown that the canal above a chemical works could be regarded as clean, whereas up to a mile below the factory, there was still pollution from sulphur compounds.

Three samples of sub-floor cavity water were examined in order to ascertain the source.

Samples from other sources

Manchester Port Health Authority

Of a total of seventy three samples submitted, forty eight were samples of tomato puree representing consignments from Hungary, Italy, Spain and Turkey. One consignment of 1,250 tons was rejected, and a further one considered borderline.

Four samples of lard from one consignment were examined for possible contamination with expanded polystyrene granules. Analysis showed no such foreign matter present but indicated a certain degree of rancidity together with rust particles, which was assumed to be from the inside surfaces of the drum in which the lard was packed. Two samples from another consignment and some scrapings from the outside of a drum showed appreciable contamination with arsenic. Neither consignment was considered suitable for human consumption.

Ten samples of miscellaneous foods were examined for preservatives or antioxidants, and in one instance the presence of benzoic acid in pickles was reported adversely upon. The Preservatives in Food Regulations 1962 specify that only sulphur dioxide or either the methyl or propyl ester of para-hydroxy benzoic acid may be used as preservatives in pickles.

A sample of flour and part of a hessian flour bag were examined for contamination with sodium dichromate. The presence of this was confirmed, and whilst the amount present on the sacking was considerable, the contamination of the flour was not considered deleterious.

Three other samples were tested for colouring matter and all complied with the United Kingdom Regulations.

Parks Department

Forty three fertilisers and seven feeding stuffs were submitted by the Parks Department for analysis under the Fertilisers and Feeding Stuffs Act 1926, a marked increase when compared with previous years. Of the seven feeding stuffs, two were shown to be outside the limits of variation permitted, whilst fourteen fertilisers, representing approximately a third of the total were the subjects of adverse reports.

Measurement of atmospheric pollution

The national survey of air pollution is based on the results obtained by the standard daily volumetric apparatus for the determination of smoke and sulphur dioxide. This work has been continued at the same sites as last year and the tabulated results are given.

Measurements of deposited matter have also been made by the analysis of samples collected in three standard atmospheric deposit gauges. The gauges are sited in selected areas having high, medium and low air pollution.

In addition to the routine collection of pollution measurements, samples of dust and grit have been examined from time to time, in an attempt to identify specific sources of pollution.

Station No.			11 Central			13 Withington			15 Clayton			16 Springfield Crumpsall			17 Wythenshawe Centre			18 Rusholme (Chest Clinic)			19 Monsall		
			Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio
			1968																				
January	..	..	134	356	.38	93	184	.51	262	293	.89	56	260	.22	73	226	.73	180	333	.54	228	285	.80
February	..	..	143	459	.31	118	232	.51	311	367	.85	49	315	.12	105	224	.47	216	378	.57	274	378	.72
March	..	..	108	340	.32	57	166	.34	187	309	.61	N	205	N	53	184	.29	70	250	.28	167	252	.66
April	..	..	75	243	.31	53	127	.42	137	244	.56	105	228	.43	43	118	.36	58	168	.35	110	195	.56
May	..	..	84	240	.35	53	141	.38	132	216	.61	83	188	.45	44	120	.37	126	203	.62	105	190	.55
June	..	..	47	183	.26	26	114	.23	73	215	.34	54	174	.31	22	102	.22	55	169	.33	54	160	.34
July ..	..	..	49	177	.28	32	124	.26	80	188	.43	46	101	.46	26	126	.21	69	176	.39	58	144	.40
August	..	..	42	141	.30	25	85	.29	46	122	.35	44	93	.50	24	97	.25	58	148	.39	52	126	.41
September	..	..	72	171	.43	34	106	.32	61	151	.41	63	117	.59	29	102	.44	98	179	.57	81	152	.51
October	..	..	132	276	.48	50	125	.40	165	247	.67	152	197	.77	44	130	.34	152	206	.74	128	208	.61
November	..	..	154	317	.49	84	176	.48	283	391	.63	148	281	.53	68	167	.41	140	212	.66	143	218	.66
December	..	..	188	380	.49	102	221	.46	284	326	.87	205	304	.68	107	206	.52	184	302	.64	202	289	.71
Daily average for year	..	..	102	274	.37	61	150	.41	169	256	.66	91	205	.44	53	150	.35	117	227	.52	134	216	.62

The results were calculated from tables supplied by Warren Spring Laboratory; sulphur dioxide from tables dated 1961 and still currently in use, smoke from revised tables dated 1965. The yearly average for smoke recorded at site No. 16 includes figures for January and February which, because of a fault subsequently detected in the apparatus, are now known to be too low. The daily average for the year at this site was therefore somewhat greater than the figures revealed.



Veterinary Services

A most encouraging feature has been the reduced incidence of infectious disease encountered in the resident animal population and also in those animals brought into the City for the purpose of rearing or slaughter.

Once again there has been no case of notifiable disease in either animals or poultry, despite a high national incidence of anthrax and the most serious epizootic of foot and mouth disease ever recorded in the United Kingdom.

The success of the eradication schemes for swine fever and tuberculosis is proven by the absence of clinical cases, which in the latter disease constituted a grave menace to the child population.

The outbreak of foot and mouth disease commenced in October, 1967, and terminated in June, 1968, during which period 429,000 animals were slaughtered, incurring an estimated loss of approximately £150 million.

In connection with this epizootic, 7,200 licences were issued authorizing the transportation into the City of animals from other local authorities.

It is to be regretted that the programme for the eradication of brucellosis was severely curtailed by the foot and mouth disease outbreak and this further emphasizes the necessity for the immediate introduction of legislation requiring pasteurization of all milk, since, apart from the danger to human personnel from brucella organisms, there is evidence that the virus of foot and mouth disease is spread by this medium.

The throughput of the Manchester Abattoir, which was severely reduced during the foot and mouth disease epizootic, has not as yet regained its former level. It would appear that farmers, having been compelled to slaughter locally during this period and transport dressed carcase meat to the City in lieu of live animals, have realised the economic advantage of this procedure; there are definite signs, however, that the improvement in carcase dressing achieved at this most modern abattoir is being appreciated and that this is leading to a more favourable trade situation.

As in previous years, the assistance and advice of the staff of the Public Health Laboratory and Public Analyst was readily available and is gratefully appreciated.

Food and Drugs Act, 1955

Meat Inspection Regulations, 1963

Meat Inspection (Amendment) Regulations, 1966

The above Regulations prohibit the movement of a carcase, or any part thereof, from a slaughterhouse until it has been inspected and stamped. This was undertaken in respect of the entire throughput of Manchester Abattoir and of the one private slaughterhouse in the City.

Slaughterhouses Act, 1958

Slaughterhouses (Hygiene) Regulations, 1958

Slaughterhouses (Hygiene) (Amendment) Regulations, 1966

Food Hygiene (General) Regulations, 1960

Several infringements of these Regulations were observed by inspectors, verbal warnings being issued in each instance. These did not prevent the occurrence, however, of two cases of smoking in the Manchester Abattoir, which necessitated recourse to legal proceedings and the imposition of fines totalling twelve pounds.

The Food Hygiene (Markets Stalls & Delivery Vehicles) Regulations, 1966.

Verbal warnings were issued in respect of several infringements of these Regulations, observed by inspectors in and around the meat market, with regard to the condition of vehicles in which meat was being conveyed. In each instance the deficiencies were remedied before the next collection.

School canteens

One-thousand one-hundred and sixty-three visits were made to school canteens and 90 visits to central kitchens.

In addition, 64 visits were made as a result of special requests for advice as to the wholesomeness, quality or quantity of food supplied by contractors.

Bacteriological examination of shellfish

All shellfish of species usually eaten raw and observed while exposed for sale had been treated in official purification tanks. Thirty-four samples were taken and none was rejected.

Bacteriological examination of watercress

Two consignments were sampled and neither was rejected.

Exportation of meat

Although Manchester Abattoir has been approved by all member countries of the European Economic Community for the exportation of meat, this trade has not yet reached the proportions anticipated.

Importing countries require each consignment of meat to be accompanied by a certificate affirming freedom from disease on ante-mortem and post-mortem veterinary examination, and 19 such certificates were issued in respect of meat exported to France and Belgium.

Imported Food Regulations, 1968

These Regulations, which came into operation on 1st August, 1968, make the local authority responsible for the examination of any imported food in respect of which they receive notification that this has not already taken place.

One-hundred and fifty-five examinations were undertaken in response to such notifications.

The Slaughter of Animals Act, 1958

This Act prohibits the slaughtering of food animals by any person who does not hold a licence or a provisional licence to slaughter.

Thirty-one licences and nine provisional licences were issued.

Slaughter of Poultry Act, 1967

The appointed day for the above Act has not yet been announced. The Act stipulates that poultry must be stunned prior to slaughter, unless the latter takes place by instantaneous dislocation of the neck or decapitation.

Poultry inspection

Number of poultry processing premises	..	..	12
Number of visits to these premises	..	..	100
Total number of birds processed during the year	..		373,900
Types of birds processed:—			
Turkeys	..	..	3,420
Ducks	..	..	3,730
Hens	..	..	305,500
Broilers	..	..	60,400
Capons	..	..	850
Percentage of birds rejected as unfit for human consumption	..	..	0.73
Weight of poultry condemned as unfit for human consumption	..	..	13,600 lbs.

Merchandise Marks Act, 1926

Orders made under this Act with reference to bacon, ham, dead poultry, certain classes of chilled, frozen, boneless and salted meats, edible offal, salmon and sea trout, provide that these foodstuffs shall bear an indication of origin and shall be readily indentifiable when exposed for sale.

No contraventions were observed.

Pet Animals Act, 1951

The provisions of this Act are intended to ensure the preservation of good health and wellbeing of animals housed in pet shops while awaiting sale to the public. Overcrowding, sale at too early an age and undue exposure to disease are prohibited, while adequate water, food, ventilation and warmth must be supplied.

Forty-six licences were issued after inspection of the premises by the veterinary staff and 150 routine visits were undertaken.

Animal Boarding Establishments Act, 1963

This Act prohibits the keeping of a boarding establishment for dogs and cats without a licence issued by the local authority. Further provisions are similar to those of the Pet Animals Act, 1951, with the additional requirement that a register must be kept containing a description of all animals received, together with the date of their arrival and departure and the name and address of the owner.

Nine licences were issued following inspection of the premises by the veterinary staff and 40 routine visits were made.

Riding Establishments Act, 1964

This Act prohibits the keeping of a riding establishment unless this has been inspected and subsequently licensed by the local authority. A riding establishment is defined as one in which the owner of the business also owns the horse he hires, as opposed to a livery stable where the business of stabling and husbanding horses belonging to other people is conducted.

There are now no riding stables and only one livery stable in the City.

Four visits of inspection were made.

Diseases of Animals Act, 1950

Disease of Animals (Waste Food) Order, 1957

The principal requirement of this Order is that all "waste food" intended for consumption by animals and poultry must be boiled for one hour in a plant licensed by the local authority for this purpose. This provision is intended to prevent the spread of disease amongst animals and poultry as a result of contact with infected food.

Thirty-seven plants were licensed and 180 visits of inspection were made.

Transit of Animals Orders, 1927-47

Conveyance of Live Poultry Order, 1919

The provisions of these Orders are intended to ensure humane and hygienic conditions for the transportation and exposure for sale of animals and poultry.

One-hundred visits of inspection were made.

Notifiable diseases of animals

Anthrax

Despite a high national incidence of this disease no case occurred within the City. As part of routine precautionary measures, however, where the cause of death appeared obscure, microscopical examinations were undertaken in respect of 20 cattle, 99 sheep and eight pigs.

Brucellosis

Satisfactory progress has been made with the eradication scheme for this disease since the outbreak of foot and mouth disease terminated in June.

Some reactors to the serological test have been slaughtered in the casualty slaughterhouse at Manchester Abattoir, in accordance with the instructions of the Ministry of Agriculture, Fisheries and Food, the premises being subsequently disinfected.

Foot and Mouth Disease Order, 1938

A rigid observance of licensing, of ante-mortem examination and disinfection technique ensured the freedom of Manchester Abattoir from this disease, despite the numerous outbreaks in Cheshire, Derbyshire, Staffordshire and Lancashire County, the traditional sources from which the City draws its meat supply.

Fowl Pest Order, 1936

No outbreak of this disease occurred in the City.

The Live Poultry (Restrictions) Order, 1957

The Live Poultry (Restrictions) (Amendment Order), 1959

Under these Orders local authorities are empowered to grant licences permitting the holding of exhibitions of poultry, subject to the provision that records indicating the origin and destination of the birds are available for inspection. An application to hold an exhibition of poultry as part of the Manchester Flower Show in July was approved.

Swine Fever Order, 1963

The Ministry of Agriculture, Fisheries and Food have now officially confirmed the eradication of this disease and no case occurred in the United Kingdom during the year.

Regulation of Movement of Swine Order, 1950-1959

These Orders prohibit the movement of pigs from a market unless accompanied by a licence issued by the local authority. One of the provisions of such a licence is that in the case of private premises the pigs shall be detained there under conditions of isolation for a minimum period of 28 days. Thirty-nine visits of inspection were made, this being considerably fewer than in previous years, since these duties were suspended during the outbreak of foot and mouth disease.

Tuberculosis Order, 1964

No clinical cases were observed or recorded within the City.

TABLE A

Animals inspected at time of slaughter at the City abattoir 1966-1968

Year	Cattle	Sheep and lambs	Calves	Pigs
1966	66,445	265,481	9,813	25,941
1967	56,166	214,522	8,717	25,995
1968	50,192	224,923	4,194	25,868

TABLE B

Total condemnation of various foodstuffs 1966-1968

Year	Meat (tons)	Fish and shell- fish (tons)	Fruit (tons)	Vege- tables (tons)	Game (head)	Poultry (head)	Rabbits (head)	Eggs (number)	Canned meats, milk and sundry provisions (tons)
1966	171.33	21.18	80.40	156.37	478	6,406	1,339	77	40.07
1967	232.22	23.65	52.53	203.28	393	8,586	1,208	2	9.84
1968	210.53	23.21	53.95	234.27	595	702	1,859	—	4.04

TABLE C

Meat condemned at the City abattoir and wholesale meat market

	1968	1967
	tons	tons
Total weight of meat condemned at the City abattoir and wholesale meat market	210·53	232·22
Of which the weight of dressed meat consigned from places other than the City was	18·07	3·33
Included in which were imported offals amounting to ..	lbs. 4,939	lbs. 10,571

Amount of unwholesome food condemned

	1968	1967
	lbs.	lbs.
Meat:—		
Beef	363,397	428,778
Mutton	58,997	44,477
Veal	2,433	4,034
Pork	41,814	32,305
Imported offal	4,939	10,571
	471,580 = 210·53 tons	520,165 = 232·22 tons
Fish:—		
Fish	45,560	46,936
Shellfish	6,449	6,036
	52,009 = 23·21 tons	52,972 = 23·65 tons
	head	head
Game	595	393
Poultry	7,026	8,586
Rabbits	1,859	1,208
Fruit	120,857 lbs. = 53·95 tons	117,663 lbs. = 52·53 tons
Vegetables	524,768 lbs. = 234·27 tons	455,343 lbs. = 203·28 tons
Miscellaneous:—	lbs.	lbs.
Evaporated, condensed and other milk	55	93
Canned meats and meat products	8,147	13,000
Sundry provisions	805	8,941

Main causes of condemnation

The weight of meat and offal condemned from the various causes specified was as follows:—

	Meat lbs.	Offal lbs.	Total Year ended 31st December 1968	Total Year ended 31st December 1967
Tuberculosis	6,498	1,889	8,387	10,013
Decomposition	24,198	4,495	28,693	23,054
Decomposition bone taint	3,244	151	3,395	3,817
Injury	6,513	986	7,499	5,355
Abscess	9,785	70,631	80,416	79,983
Emaciation	1,157	359	1,516	1,097
Dropsy	39,698	8,956	48,654	42,869
Parasitic distomatosis ..	109	160,747	160,856	205,915
Parasitic hydatid	90	16,208	16,298	16,760
Parasitic C. bovis	450	13,309	13,759	16,536
Mastitis	462	2,270	2,732	4,719
Metritis	—	120	120	945
Septicaemia	9,121	1,857	10,978	10,850
Pyaemia	6,375	919	7,294	7,910
Pneumonia	145	201	346	1,415
Pleurisy	503	11,244	11,747	8,847
Emphysema	—	—	—	10
Pericarditis	—	2,420	2,420	2,723
Peritonitis	1,518	38,590	40,108	44,631
Enteritis	55	1,677	1,732	3,311
Nephritis	46	218	264	393
Uraemia	57	10	67	2,397
Arthritis	1,253	74	1,327	2,193
Actinomycosis	13	3,329	3 342	4,826
Necrosis	9	14	23	79
Contamination	2,934	5,748	8,682	6,540
Icterus	381	143	524	91
Pigmentation	1,003	1,989	2,992	3,363
Neoplasm	615	4,298	4,913	7,849
Swine erysipelas	204	16	220	343
Fatty change	66	30	96	12
Abnormal odour	928	201	1,129	311
Moribund	882	135	1,017	859
Immaturity	28	6	34	149
Totals	lbs. 118,340	lbs. 353,240	lbs. 471,580 =210·53 tons	lbs. 520,165 =232·22 tons

The above includes meats surrendered at the chief inspector's office and meat condemned at shops, warehouses, etc., a total of 1·5 tons.

The number of condemnations in respect of tuberculosis was as follows:—

	Year ended	
	1968	1967
Whole carcasses of:		
Beef	—	—
Pork	—	—
Part carcasses and organs:		
Beef	52	317
Pork	619	687

Poultry and game, fruit and vegetables, provisions etc., destroyed as being unfit for human consumption, during 1968.

Poultry and Game

	<i>Head</i>
Fowl	6,406
Turkeys	252
Ducks	39
Pigeons	318
Pheasants	318
Partridge	1
Grouse	276
Geese	11

Fruit

	<i>lbs</i>
Apples	7,063
Apricots	422
Aubergines	1,840
Avocados	560
Bananas	84
Blackberries	1,650
Chestnuts	1,190
Capsicum	130
Cherries	1,745
Dates	10
Grapefruit	48
Grapes	3,044
Lemons	160
Melons	15,652
Pears	35,200
Plums	6,932
Pineapple	754
Pomegranates	480
Peaches	24,563
Oranges	74
Strawberries	561
Tomatoes	18,356
Canned Fruit	339

Vegetables

	<i>lbs</i>
Beans	6,177
Beetroot	1,839
Bamboo Shoots	32
Cauliflower	36,908
Carrots	55,264
Cabbage	52,120
Cucumber	5,983
Celery	3,090
Chicory	320
Corquettes	255
Lettuce	18,471
Leeks	2,240
Mushrooms	3,176
Mint	5
Onions	126,192
Potatoes	75,913
Peas	77,557
Parsley	190
Parsnips	1,480
Radish	2,100
Sprouts	43,440
Swedes	5,780
Turnips	3,782
Watercress	466
Yams	1,920
Canned vegetables	66

Miscellaneous

	<i>lbs</i>
Canned Meat	8,147
Bacon	279
Cream	55
Cheese	40
Frozen Foods	112
Lard	17
Rice	27
Sausage	250
Soups	80

TABLE D

Carcases inspected and condemned in 1968

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs
<i>Number killed and inspected:—</i>					
At the City abattoir	35,890	14,302	4,194	224,923	25,868
Brought into the City after killing	38,073		3,667	675,580	85,230
(figures for 1967)	(36,855)		(3,012)	(640,746)	(83,474)
<i>All diseases except tuberculosis</i>					
Whole carcases condemned:—					
At the City abattoir	83	—	29	471	73
Brought into the City after killing	—	—	1	9	—
Carcases of which some part or organ was condemned:—					
At the City abattoir	20,780	—	148	15,071	4,089
Brought into the City after killing	674	—	10	260	351
Percentage of the number inspected affected with disease other than tuberculosis:—					
At the City abattoir	41·479	—	3·610	6·701	15·848
Brought into the City after killing	1·779	—	0·277	0·039	0·412
<i>Tuberculosis only:—</i>					
Whole carcases condemned:—					
At the City abattoir	—	—	—	—	—
Brought into the City after killing	—	—	—	—	—
Carcases of which some part or organ was condemned:—					
At the City abattoir	—	52	—	—	619
Brought into the City after killing	—	—	—	—	—

TABLE E
Incidence of tuberculosis

Year	Cattle slaught- ered at abattoir	Condemned for tuberculosis		Per- centage incidence	Pigs slaught- ered at abattoir	Condemned for tuberculosis		Per- centage incidence
		Carcases	Part carcasses and organs			Carcases	Part carcasses and organs	
1966 ..	66,445	—	97	0·144	25,941	—	291	1·12
1967 ..	56,166	—	317	0·565	25,995	—	687	2·65
1968 ..	50,192	—	52	0·104	25,868	—	619	2·39

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